DALIMONE, MANICAND	man death. Page 6 may be retained by the host	iy the transfer tuneral director, page 5 should be detache ation or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL NECONDS, T.O. DON 13148	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed attended to the hosp	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely with the twental director, page 5 should be detached within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MENTAL	HYGIEN REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)								2. OATE O	F DEATH		3.	TIME OF OEATH
	REBECCA MATII	DA S	ANSBUR	Y					May	1		YEAR	6:44 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		T	8. BIRTHPLA	CE (State or Foreign
	212-07-5878	1 ☐ M 2 🔯 F	8	82 YRS.	MONTHS	DAYS	HOURS	MIN.	NOv.	26.	1907	Country) Mary	and .
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN C	OR LOCATI	ON OF OE		. 20,		TY OF DEAT	
Œ	North Arundel Hospital				Glen Burnie					Anno	A 261170	4.1	
DIRECTOR	RESIDENCE OF DECEDENT			<u>.</u>	ren i	outill	re		Anne	Arun	iei		
Ä	10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN OR LOCATION								1. INSIDE CITY LIMITS?
ā	Maryland Anne	Arunde1		G1	len Burnie							1 [	YES 2 NO
AL	10e. STREET AND NUMBER				101. ZIP CODE						10g. CITIZ	EN OF WHA	COUNTRY?
FUNERAL	110 Third Ave. S.	E.			21061				U.S			.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.						IIC ORIGIN? n, Puerlo Ric	(Specify Yes			American Indian, hite, etc.
ВУ Б	1 Never Married 2 Married	Never Married 2 Married IF YES, GIVE WAR OR DATES  Wildowed 4 Divorced						Specify		cert, etc.;			hite
	**		-								1		
三	15. DECEDENT'S EDUC (Specify only highest grade	completed)	1000	(Give kind of	NT'S USUAL OCCUPATION  d of work done during most of working  OT use retired.)				18b. F	CIND OF BU	SINESS/INDU	JSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT use retired.)  Homemaker					Own I	Iome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	no					40.000						-
										ddle, Maiden	Surname)		
BE	Conrad Muhl								ca Me		0		
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	Edith Fuecker 1.10 Third Ave. S.E. Glen Burnie MD. 21061  20p. METHOD OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State												
	20a. METHOD OF DISPOSITION 14 Burlal 2 Cremetion 3 Remo	oval from State	other	place)	/			,					
	4 Donation 5 Other (Specify)	ENGEE	LOI	udon I				SS OF FA	OH ITY	Ba.	ltimo	re, M	0.
	21. SIGNAL ORE OF FORERAL SERVICE LIC	1.611	11/2	. /					Si	ingle	ton Fu	uneral	Home
	Hamey	CVI.	an		1	Seco	ond A	lve.	S.W.	Glen	Burn	ie, M	21061
	23. PART I. Enter the discesse, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart feliure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finei		40. 4226										Onset and Death
	disease or condition resulting in death)	. (	NOIAL	Anc	56								/ mediate
	312230 C. 1162	DUE TO	(OR AS A CON	SEQUENCE C	F):	10	,	46					12hours.
Z	disease or condition reculting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, Out TO (OR AS A CONSEQUENCE OF):  University of the conditions of th								Chous.				
5	Sequentially liet conditions, If any, leading to immediate	OUE TO	(OR AS A CON	SEOUENCE C	F):	0							
2	cause. Enter UNDERLYING CAUSE (Diseese pr injury	G											
빌	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CON	SEOUENCE C	IF):								
CERTIFICATION	resulting in deeth) Exci	d											
3	PART ii. Other eignificent condition	s contributing to	deeth but no	ot resulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b. WI	RE AUTOPSY FINDINGS
8	7//									PERFO			AILABLE PRIOR TO IMPLETION OF CAUSE
MEDICA			-		_					1 TYES	NO		DEATH?
Σ									—			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	20 0	ACE OF I	DEATH (C)	eck only one				
힐	EXAMINER?	HOSPITAL:			OTHE	R:							
¥	1 YES 2 NO	1 Inpatient 2		28b, TII			JURY AT	lealdence	8 Other	(Specify)	N ILIBY OCC	TIRED	
	1 Natural 5 Pending		Day, Year)		JURY	W	YES 2	□ NO	aou. Desc	JULIE HOW		JONED	
ВУ	2 Accident Investigation	28e, PLACE	OF INJURY — AI	home, farm.	street, for				28f LOCA	TION (Street	(Charact and Number or Burn) Section 1		
CD.	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number of Rural Route Number or							e rearries.					
COMPLET	29a. CERTIFIER	01411 7- 6	dan bar ta										
W	(Check only												
8	2 MEDICAL EXAMINE		Antimaton and	IIIveatigati	on, in my	opinion, (	Jaian OCCI	red at the	tima, date i	ina pièce, è			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	The MA	4111					ENSE NUI			29d. DATE	E BIGNED IM	orath, Day, Marry
5	lavey	WW	www	_			MO	120	0667		-3	18 6	U
	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAL	SE OF DEATH (	TEM 27) (Typ	a. Print)							-	

325 HOSPITAL DR #204 GLEN BURNIE,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
MAY 22 1990

MD

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - STATE REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)	ard SAIE	RSKT			2. DATE OF DEATH MONTH	DAY 8	YEAR 90	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (	in yrs. last birthday) 80 YRS.	F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 8-18-09		8. BIRTHPL Country)	ACE (State or Foreign	
ron	9a. FACILITY NAME (If not institution, give street ST, SEPH	end number) HOSP	·tal	96. CITY, TOW TOV	OR LOCATION OF DE	ATH	9c. COUN	TY OF DEA	MORE	
DIRECTOR	10a. STATE 10b. COUNTY							100	od. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER			altimo:	101. ZIP CODE		100 CITIZ		X YES 2 NO AT COUNTRY?	
FUNERAL	6116 BElair Road				21206			U.S.	101100	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 STATE IF YES, GIVE WAR OR DATES									
입	15. DECEDENT'S EDUCATE		16a. DECEDENT'S	USUAL OCCUPY	ATION most of working	16b. KIND OF BUSINESS/INDUST				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			3ive kind of work done during most of working a. Do NOT use retired.) rinter			ıp Com	pany		
O	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Surname)			
BE C	Benjamin	Saie	rski		Bertl	na				
5	19a. INFORMANT'S NAME (Type/Print) Mary J. Kouneski				Ave Ba					
	20a. METHOD OF DISPOSITION 132 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	other place) St.	STani		20c. LOCATION — City or Town, State Baltimore, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	SEE .		22. NAME	AND ADDRESS OF FA	CILITY	6/15	P = 1 =	air Road	
	+ Kathlem /	3. huy	sky	John	C. Miller	r, Inc.	0 123	20 0000	121206	
	23. PART I. Enter the diseases, or com shock, or heart failure. List			not enter the	mode of dying, suc	h as cardiac or res	piratory arr	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Urose	horis.	1 D	stydr	ation			Onset and Death	
NO	Sequentially list conditions,	DUE TO (OR AS)	CONSEQUENCE	rebelax Sufetterate						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	University of the Control of the Con	· commentation o	QUENCE OF)						
ERTIF	that initiated events resulting in death) LAST	OUE TO JOH AS A	COMMENSURALE O							
C	PART II. Other significant conditions c	contributing to death t	out not resulting	In the underl	ying cause given in		AN AUTOPSY		WERE AUTOPSY FINDINGS	
DICAL						1 TYES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
: ME						—			1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26	S. PLACE OF DEATH (Ch	peck only one)				
PHYSICIAN	EXAMINER?	OSPITAL:	netlent 3   DOA	OTHER:	Home 5 - Residence		-			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TH	AE OF 28c.	INJURY AT	28d. DESCRIBE HON	V INJURY OC	CURED		
	1 Netural 5 Pending	(Month, Day, Year)	IN IN	JURY M 1	WORK?					
red BY	2 Accident 3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spe		me, farm, street, factory, office 281. LOC			LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER: (								and manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER									
BE	LABORATORE AND TITLE OF CENTIFIER	wo			29c. LICENSE NU	*************************************	290. DAT	TI C	(Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)	10310	20	3	1/0	/ /-	
	ASHWANI K.	BASSIK	10. ST-		PH HOS	PITAL B	ALTO	). M	10	
	31. DATE FILEO (Month, Day, Year)	Davidon-No	Monone							

	death.	funara
5	after	w the
	24 nours	filled in h
10	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.	weren processed the this conferms has been singed by the attending abscision and completely filled in by the finers
	te be ex	c neivian
;	certifical	ding oth
	death	and after
5	at the	Par oh
100	requires th	han cinned
1	The law	to han he
	SICIAN:	- nartifica
)	G PH	ne ohio
DIVISION OF WINE TECONOS, T.O. DON 1913,	ATTENDIN	Permon. A44
5	L DR	Cit
	SPITA	141500

. Page 6 may be retained by the hospital or attending physician. ral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours are retain. rage to may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygers prof to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	TH_		REG. NO.
						1	

	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND / CE	DEPARTME				GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) BERNICE E	. TAYLOR	-			2, DATE OF D MONTH	DAY	YEAR 9.0	TIME OF DEATH		
	3 00 100	SEX 6. AGE (In yrs. lest	birthday) IF U	NDER 1 YEAR HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	RTH Year)	Country)	CE (State or Foreign Maryland		
OR	9a. FACILITY NAME (If not institution, give street SINAI HOSPI				WN OR LOCATION OF DEATH  LTIMORE  BALTIMO						
IRECT	10a. STATE 10b. COUNTY	TE 10b. COUNTY 10c. CITY, TOW				Prog.			LINSIDE CITY LIMITS? YES 2 NO		
ERAL C	100. STREET AND NUMBER 4/03 CHATH	AND NUMBER			10f. ZIP CODE 2 1 2 0 7				10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. 1 Never Merried, 2 Married 3 Widowed 1 Divorced	12. WAS DECEDENT EVER IN U.S. VRMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			NDENT OF HISPANI city Cuban, Mexican 2 NO Specify:	n, Puarto Rican,					
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementery/Secondery (0-12)  C	pleted) (Gh	CEDENT'S USUA ve kind of work of Do NOT use retir UNEN	one during mos	t of working	16b. KING	OF BUSINESS/IND	USTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last)				MARCEL I						
TO B	190. INFORMANT'S NAME (Type/Print) ROBERT TAYLOR				OAD, BAL		ity or Town, State, Zip 1D 21207				
	26a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donetion 6 Other (Specify) 21. SIGNATURE OF AUNERAL SERVICE LICENS	from State other pla	ice)	MEMORI	AL PARK D ADDRESS OF FAC	CHITY	RANDALLS	STOWN,			
	- Wartia G	ebron		22. NAME AN	D ADDRESS OF PAC	MA	ARCH F/H BOO WABAS		NUE		
	23. PART I. Entar the diseases, or come ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that ceused tha dail only one cause on each line.  Pul Mo N &  DUE TO (OR AS A CONSEC	yew			n as cardiac	or reapiratory an	est,	Approximata Interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF THE TO									
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions of the co	ontributing to death but not n		,	4 4	_ 4	. WAS AN AUTOPSY PERFORMED? YES 2   NO	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
SICIAN		OSPITAL:		HER:	ACE OF DEATH (Che		ecify)				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI WO			BE HOW INJURY OC	CURED			
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street	, factory, office			N (Street end Number wn, State)	or Rural Route	e Number,		
COMPLETED	(Check only	N: To the best of my knowledge, de On the basis of examination end/or i							nd manner ea stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	le traise	SAT	,	29c. LICENSE NUM	WAER	29d. DAT	E SIGNED (MC	onth, Day, Year)		
5	SO. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEL SPITAL	M 27) (Type, Prin	1)	BALT	-IM 0%	E	/			
	31. DATE FASO (Marying Day Yang)	32. REGISTRAR'S SIGNATURE	5								

navi n

3

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	3. After this certificate has been signed by the attending physician and completely, filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or iter

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEI		. 1004	
	1. DECEDENT'S NAME (First, Middle, Last)	y Thomas				2. DATE OF DEATH	ra z	3. TIME OF DEATH	
		Y	yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 33 7	BIRTHPLACE (State or Foreign	
	245-44-2651	xx <sup>M 2 □ F</sup> 60		THS DAYS	HOURS MIN.	(Month Day Year)		Country)	
m	9a. FACILITY NAME (If not institution, give stree		9b.	,	OR LOCATION OF DE				
DIRECTOR	Saint Joseph's H	ospital		Balti	nore	Baltimore Cnty			
III	10a. STATE 10b. COUNTY					W1 0100	,	10d. INSIDE CITY LIMITS?	
	Md Balti 100. STREES AND HUMBER - 1025 L					n,Md 2120		1 YES X NO	
FUNERAL	R7620 York Rd	ennox ave 21	Balto Ci	- 2	21204		USA	OF WHAT COUNTRY?	
S		12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Y	1	RACE — American Indian,	
BY F	1 Never Married 2/2 Married 3 Widowed 4 Dreorced	FORCES? 1 YES			S 2 NO Specify	n, Puarto Alcan, etc.)		Black, White, etc. Specify:	
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION			ON	185 KIND OF B	USINESS/INDUST	Black		
E	(Specify only highest grade completed)  (Sive kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.)								
AP	3RD GRADE				is no	THOMAS	TIRE	SERVICE	
COMPLETED	17. FATHER'S NAME (First, Middle, Line) 16. MOTHER'S JANN					ME (First, Middle, Maide	n Sumame)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street	and Number or Rural F	Route Number, City or To	wn, State, Zip Coo	de)	
임		mAS	1025	- 60	NTON	Av.			
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	al from Otorio	PLACE OF DISPOSITION (Control of the place)	0	metery, crematory or		OCATION — City	C	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICES	USEE 1	OUDON	PARK.	ND ADDRESS OF FA		9470. (	,79	
	· heckey	Mille		Jes	of Mill	ek T/H	1639	Al. BROAKUA	
	23. PART I. Enter the diseases, or cor shock or heart failure. Lie	mplicationa that caused t	the death. Do not	enter the m	ode of dying, auc	h sa cardiac or rea	piratory arrest		
	IMMEDIATE CAUSE (Final	11				^		Interval Between Onset and Death	
	disease or condition resulting in death)		tic (ar	Kins	AWO	(UNG		5 Monorth S	
		DUE TO (OR AS A C	ONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						
E	d								
	PART II. Other significant conditions	contributing to death but	not resulting in ti	ne underlyli	ig cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
8						1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?	
M							,	1 TYES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26 5	PLACE OF DEATH (Ch	nok ontvione)			
SICI	EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Residence				
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	DEO	
ВУР	Accident Investigation	(Month, Day, Year)	INJURY		ORK? YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — building, atc. (Specify	URY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
Ä	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my knowled	dge, death occurred	the time, det	a and place, and due	to the cause(s) and m	anner se steled		
COMPLETED	onel							suse(s) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	1/1	2/	AT 2	290-LICENSE NUM	ABER WID	29d. DATE SI	IGNED (Month, Day, Year)	
TO B	LOBERT	1 100	Degre	NK	1075 J	£78280	100	5-20-90	
۲	30. NAME AND ADDRESS OF PERSON WHO	JR MD S	H (ITEM 27 CTYPE PTIL	21	Hospital	/Engz	SOLICE	DAT.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE Handell		11		5-7		
	MAY 22 199	guha Davide	March March						

7-21-29

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	<b>HYGIENE</b>
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTI	FICATE (	OF DI	EATH	RI	EG. NO.			
	DECEDENT'S NAME (First, Middle, Last)     Carl	Corneill	us I	weedal	e i	Sr.	2. DATE OF D MONTH 5-19-	-90 DAY	,	YEAR	3. TIME OF DEATH 1:11 PM M
	4. SOCIAL SECURITY NUMBER 216-05-5695	A Committee of the Comm	RE (In yrs. last birthda 77 YRS	MONTHS D		UNDER 24 HRS. URS MIN.	7. DATE OF B (Month, Day 10/20	( Year)		Country	PLACE (State or Foreign )) NNSYLVANIA
NG.	9a. FACILITY NAME (If not institution, give s 5929 Central Ave				NSVI	LLE	ATH			NTY OF DE	re County
5 1	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	1	10c. (	TY, TOWN OR I	LOCATION					- 1	10d. INSIDE CITY LIMITS?
ā	MARYLAND BAL	TIMORE		CATONSV	ILLE				1 TES 2XXNO		
	10e. STREET AND NUMBER			101, ZIP	CODE	10g. CITI			ZEN OF W	HAT COUNTRY?	
FUNERAL	5929 CENTRAL AVE			21207			U.S.A				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2XNO	2) (NO If yes, specify Cuban, Mexican, Puerto Rican, a				or No—	14. RACE Black Speci	— American Indian, , White, atc. by: WHITE	
COMPLETED	15. DECEDENT'S EDU		16a. DECEDENT	I'S USUAL OCCU	JPATION	eld=a	16b. KIN	D OF BUS	INESS/IND	DUSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO:	use retired.)	ng most or	working					
4	10	, ,	BUS	CHECKER	CKER		M.T.A.				
8	17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S NAM	_		Sumame)		
	MARCUS TWEEDALE						FUNK	,	,		
8E				111							
٩	19a. INFORMANT'S NAME (Type/Print)					lumber or Rural R					
- 1	DAVID TWEEDALE					ROAD, I	BALTIM				
- 1	20a, METHOD OF DISPOSITION 1 N Burial 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE OF DIS							City or To	
	4 Donation 5 Other (Specify)		MEADOWR	IDGE ME	MORI	AL PARK	ζ	DOR	SEY,	MARY	/LAND
	21. SIGNATURE OF FUHERAL SERVICE LI	) ×	6	LER	OY M		SELL				NERAL HOMES LE, MD.21228
- 1		-	-								
	23. PART I. Enter tha diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)		n each ilna.					ог геври	ratory an	rest,	Approximate interval Between Onset and Daath
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in deeth) LAST										
CE		u.									
7	PART II. Other aignificant condition	na contributing to deat	th but not reaulti	ng in the unde	arlying co	eusa given in	Part I. 24	PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL							1	YES Z			COMPLETION OF CAUSE OF DEATH?
											1 TES XXXIVO
2							—   II	NQUI	RY		
A	25. WAS CASE REFERRED TO MEDICAL				26 PLAC	E OF DEATH (Ch	ack only one)				
PHYSICIAN: M	EXAMINER? XX YES 2 \( \square\) NO	HOSPITAL:		OTHER:		5XXRasidence					
Z.	27. MANNER OF DEATH	1 Inpatient 2 ER/			8c. INJUR	_	8 U Other (S)		N III IBW OC	CHIPED	
	1XX Netural 5 Pending	(Month, Day, Ye	ar) 200.	INJURY	WORK	2   NO	200. DESCHI	BE NOW I	NJUNI OC	CONED	
84	2 Accident Investigation	00 BLACE OF W				2   NO	001 1 001710	NAL (Otto et a		0	De de Nambre
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (	IURY — At home, fai (Specify)	m, street, factor	у, опіса		City or R	own, State)	ina Numbe	or or muner	Route Number,
E I	29s. CERTIFIER				oral lens				- 15.5		
COMPLETED	Charle only 1 CERTIFYING PHY	SICIAN: To the best of my k									a) and manner as stated.
	296. SPERATURE ARE LITTLE OF CERTIFIE	ER .			25	9c. LICENSE NUI	MBER		29d. DA		(Month, Day, Year)
38 C	4 Am	7				OCME			•	5-20	0-90
10	30. NAME AND ADDRESS OF PERSON W		F DEATH (ITEM 27) (	Type, Print)		0.1	n 1. '		100	0100	1
	James Kaplan, MD			111 F	enn	Street	,Balti	more	,MD	2120	l vc
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

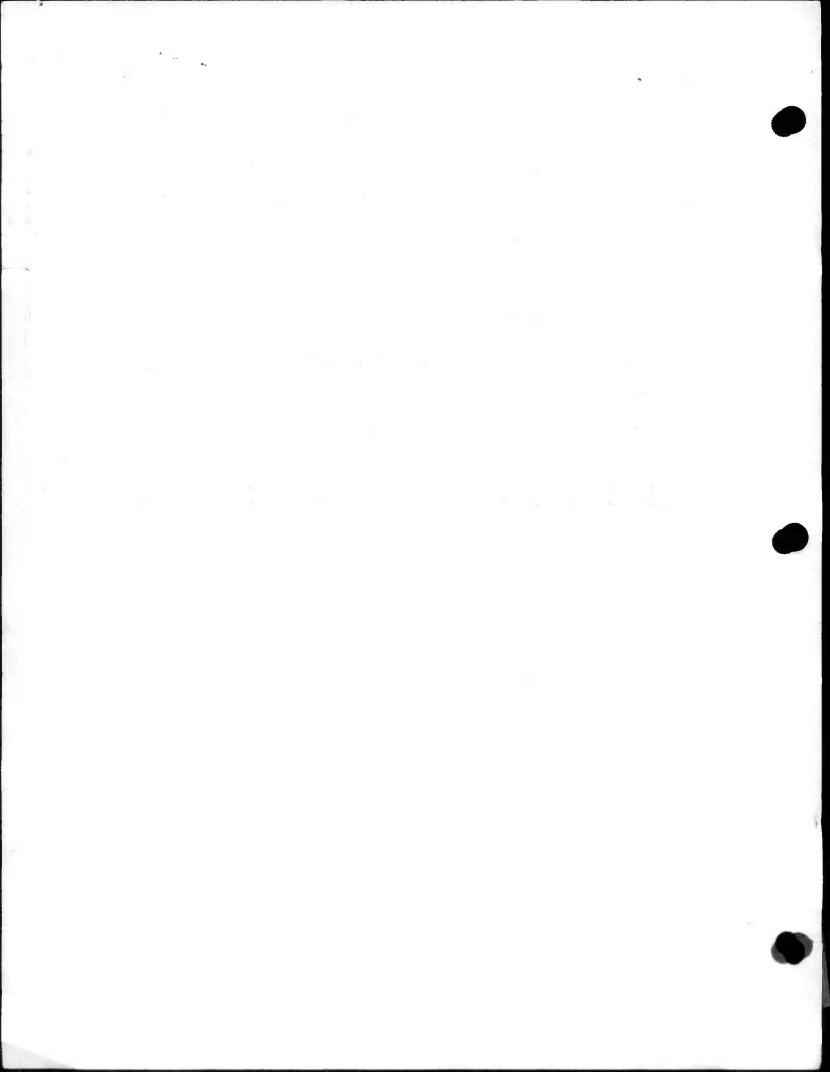
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1-64

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFI	CATE OF	DEATH	REG.					
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATI	May 18	, 1990. TIME OF DEATH			
	LUSTER AZIL		VICK	REY	MONTH 5	DAY	YEAR // A M			
1	·	a. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	7	8. BIRTHPLACE (State or Foreign			
	478 − 48 − 6098 (1) M 2 □ F 85		MONTHS DAYS	MOTING NO	Feb. 26,	1905	Country) Texas			
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	9c. COU	JNTY OF DEATH				
TOR	Harbor Hospital Center		Baltin	nore City		Baltimore City				
9	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	TION	-		10d. INSIDE CITY LIMITS?			
- DIR	Maryland Anne Arundel	Lint				1 TYES 2 X NO				
FUNERAL DIRECTOR	6211 Medora Road		21090		U.S.A.					
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	□NO	If yes, a	CENDENT OF HISPAR pecify Cuben, Mexice S 2 NO Specifi	n, Puerto Rican, etc.		14. RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	. DECEDENT'S L	JSUAL OCCUPAT	ION ost of working	18b. KIND OF	BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondery (0-12)  12th.  College (1-4 or 5 +) 4 Years		retired.)		1	.S. Ar	mv			
<u> </u>	17. FATHER'S NAME (First, Middle, Last)	00101	CI O.D.	<del></del>	ME (First, Middle, Ma		iiiy			
5	Unknown	Vickre	v	Emma	me (r not, moore, me	our ourname,	Hollis			
8	19e. INFORMANT'S NAME (Type/Print)			end Number or Rural	Poute Number City or	Town, State, Z.				
2	Mrs. Matilda P.L. Vickrey		111111111111111111111111111111111111111	Road, Lin						
	20a, METHOD OF DISPOSITION 20b, PL	ACE OF DISPOSE		emetery, crematory or			- City or Town, State			
	1 X Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	thicum		um, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Sing:	leton Fun	eral Hom	e en Rur	21061 nie, Maryland			
	23. PART I. Enter the diseases, or complications that caused the	a daath. Do n								
	ahock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) a.		man.	ur 6	Trust	)	Intarval Between Onset and Death			
	immediate cause (Final disease or condition resulting in death)  a. Out faultaning (Inc.)  Onset and Death  Out faultaning (Inc.)  Out to (OR AS A CONSEQUENCE OF):  Caultaning (Inc.)  Caultaning (Inc.)  Onset and Death									
TION	Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF):  If any, leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
띪	reaulting in death) LAST									
C	PART II. Other aignificant conditions contributing to death but r	not reaulting is	n tha underlyi	ng cauaa given in	Part i. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL	NA					FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
ED					_   '''	S Z [] NO	OF DEATH?			
Σ										
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C	neck only one)					
SIC	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetlan	nt 3 🗆 DOA	OTHER:	me 5 🗆 Reeldence	8 Other (Specify					
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending  28. DATE OF INJURY (Month, Day, 'bear')	28b. TIMI	URY Y	JURY AT PORK?  YES 2 NO	28d. DESCRIBE H	OW INJURY O	CCURED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	treet, factory, of	Ice	281. LOCATION (S City or Town,		per or Rural Route Number,			
LET	29e. CERTIFIER									
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination en									
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER 398/	25d. DA	TE SIGNED MONTH, Day Hours			
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		Print)	S. N	× Nove	- 57	+ Balliman			
	31. DATE FILED (Month, Day, Mar). 32. REGISTRAR'S SIGNATU	IRE DE	· · ·							
	WILL A ALTUMIT CONTRACTOR									



TO BE COME	TO BE COMPLETED BY DHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ii.	be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlal. cremation. Or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AN		NTAL HYGIENI REG. NO.	E	30 14007	
	DECEDENT'S NAME (First, Middle, Last)	Maxv L.		VERANE	(‡S	². Ma	DATE OF DEATH WONTH 19	<b>9</b> 0 <b>°</b>	3. TIME OF DEATH 1:05 PM M	
	4. SOCIAL SECURITY NUMBER 219-07-8466D	1 M 2 🔀 F	(In yrs. lest birthday) 86 yrs.	IF UNDER 1 YEAR MONTHS DAYS	HOURS M	in.	7. DATE OF BIRTN (Month, Day, Year) 12-4-03  8. BIRTHPLACE (State or Foreign Country) Md.			
OR	9a. FACILITY NAME (If not institution, give street and number)  Franklin Square Hosp.  RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATN				Baltimore County		
DIRECTOR	10a. STATE 10b. COUNTY  Md.			10c. CITY, TOWN OR LOCATION  Balto.				10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO		
FUNERAL	10e. STREET AND NUMBER 5714 Adleigh Ave.				101. ZIP CODE 21206				N OF WHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes,		ISPANIC O lexicen, Pu	PRIGIN? (Specify Yes serto Rican, atc.)	or No—	I. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of ide. Do NOT u	work done during ise retired.)			16b. KIND OF BUS	tired	STRY	
O M	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	'S NAME (	First, Middle, Maiden	Sumame)		
BE	Jacob Heinkle					e Pe				
2	19a, INFORMANT'S NAME (Type/Print)						Number, City or Tow		ode)	
	Michael Veraneki  20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from State	b. PLACE OF DISPO other place) reek Ort	SITION (Name of	cemetery, cremato	ry or	20c. LO		y or Town, State	
	21 SIGNATURE OF FUNERAL SERVICE LI	CERNICE	2	John	C. Mil Belair	ler		Md. 2	21206	
	IMMEDIATE CAUSE (Final	Cerebrova	esch line. Iscular <i>F</i>	Acciden		, such se	s cardiac or respi	iratory arres	Approximate interval Between Onset and Death	
NO	Sequentially list conditions,	Hypertens	A CONSEQUENCE OF	erioscle	eriotic	card	liovascul	ar di	sease	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEQUENCE (							
SERTIF	that initiated events resulting in death) LAST	d	7 001102					<u>_</u>		
	PART II. Other significant condition Diabetes	ns contributing to death	but not resulting	in the underl	ying cause giv	en in Par	t i. 24a. WAS AN PERFO	AUTOPSY RMED?	AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL		ibrillation					1   YES :	х Х ио	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		··· · · · · · · · · · · · · · · · · ·		S. PLACE OF DEA	TN (Check	only one)			
YSIC	1 ☐ YES 2 🖔 NO	HOSPITAL: 1 XInpatient 2 ER/Ou			Home 5 🗆 Resk	-				
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Veer) 28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending Investigation 2 Accident  28a. DATE OF INJURY (Month, Dey, Veer)  1 YES 2 NO										
						r Rural Route Number,				
COMPLETED	( or room or roy	SICIAN: To the best of my kno ER: On the basis of axaminat							d. cause(a) and menner as stated,	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	M D			29c. LICEN	DO C	408	29d. DATE	SIGNED (Month, Day, Year) - 19-90	
5	Joserrdaiz, M		9000 Fra		Square	Drive	9	2	1237	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL	THE FUNERAL	e filed within 72	MPORTANT: II

	FOR STATE REGISTRAR	TATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HI		IENTAL HYGIENE	:	5 11000	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	VEAL	3. TIME OF DEATH	
	RAE	М.	WATTS		5 I	<b>8</b> 1990	12:56 pm	
		SEX 6. AGE (In yrs. lest birthde	7. DATE OF BIRTH (Month, Day, Ybar)	(bar) Country)				
l	217-12-4323 10	□ M 2 🔀 F   77 YRS	9b. CITY, TOWN O		g. 19, 1912 Maryland			
œ	0/0	to a set 1/000	96. COUNTY OF	F DEATH				
5	RESIDENCE OF DECEDENT	11914 1705/	Balti	nore C	C1/4			
DIRECTOR	10a. STATE 10b. COUNTY				U		10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Baltimor					1 XYES 2 NO	
FUNERAL	1603 N. Bentalou St	react	101.	21216		U.S.		
JNE		WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECE		IC ORIGIN? (Specify Yea	or No- 14. R	ACE - American Indian,	
	1 Never married 2 married	FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES		elfy Cuban, Maxican 2 XNO Specify:	, Puerlo Rican, etc.)	100	Hack, White, stc.	
D BY	3 🔀 Widowed 4 🗌 Olvorced						Black	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comp	pleted) (Give kind	IT'S USUAL OCCUPATIO f of work done during mos OT use retired.)	N It of working	18b. KIND OF BUS	INESS/INDUSTR	Υ	
PLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+) Homem	aker					
OM	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	ME (First, Middle, Malden	Surname)		
BE C	Raymond Hollis			Nannie	Mitchell			
10	190. INFORMANT'S NAME (Type/Print) Mrs. Hazel Sudler				oute Number, City or Town			
							PA 19132	
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal	from State () other place)	SPOSITION (Name of com	etery, crematory or	20c. LOC	CATION — City of	r Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	EE Ches/		D ADDRESS, OF FAC	CILITY, T	118121211	110, 1110,	
ji	Joseph S. E	7,122					2222-26 West	
- 1	23. PART I. Enter the diseases, or com				Baltimore	·	21216 Approximate	
	shock, or heart failure. List	only one cause on each line.			•	atory officer,	interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A CONSEQUENC	nionli	al en	pontin			
	resulting in desth) s	DUE TO (OR AS A CONSEQUENC	CE OF):	l	700			
N	Sequentially list conditions b.							
ATI	tif sny, leeding to immediate course. Due to (or as a consequence of):							
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENC	E OF):					
CERTIFICATION	resulting in death) LAST							
	PART ii. Other aignificant conditione ça	antributing to deeth but not resulti	ing in the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS	
CAL	A	1 1/1		marino.	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC		decemb	7		1 TYES 2	₩	OF DEATH?	
				_	_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		ACE OF DEATH (Che	ock only one)			
YSi	1 VES 2 NO 1	Inpatient 2 ER/Outpatient 3 DO	-		S Other (Specify)			
F	27. MANNER OF DEATH  1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		RK?	28d. DESCRIBE HOW I	NJURY OCCURE	D	
B	2 Accident Investigation							
윤	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	,		City or Town, State)		,	
7	29a. CERTIFIER LETTIFYINO PHYSICIAN	N: To the best of my knowledge, death oc	curred at the time, date	and place, and due	to the cause(a) and mar	nner as stated.		
COMPLETED	(Orlock Only)	n the basis of examination and/or investi					use(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DA							INEDy (Month, Day, Year)	
TO B	JAXX .	7		pro	40	1	12/190	
F	36. NAME AND ADDRESS PERSON WHO CO	DMPLETED CAUSE OF DEATH (ITEM 27)	On Blut	Rat	to, nd	2/230	0	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTRIBUING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	---	--	--

								20	14003
į	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I			3. NO.		
	221	X/ood	IDA F.	WOOD		2. DATE OF DE MONTH	19	YEAR 90	Z 15 PM
	212-14-9490 1	□ M 2 類 F 90	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 6/26)	/1899	Mary1	
ron	9a. FACILITY NAME (If not institution, give street and number) Harbor Hospital Center				or Location of Di	EATH	9c. COUNTY OF DEAT		
DIRECTOR	nesidence of decedent  100. STATE  10b. COUNTY  Maryland  N	/A		, town or Loca	mon Balt ngton Ave	imore C	ity Curtis B	1	. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 4721 Penningto	on Avenue			M. ZIP CODE 21226		10g. CITE	ZEN OF WHAT	COUNTRY?
BY FUN		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, a	CENDENT OF HISPAI pecify Cuben, Mexica S 2 NO Specif	in, Puerto Rican,		Black, Wh Specify:	American Indian, lite, etc.
8	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done during m	ION ost of working	2.5	OF BUSINESS/IND	USTRY	WITT CC
COMPLET	10th  17. FATHER'S NAME (First, Middle, Lest)		Homema	ker	N1	AME (First, Middle,	C.V.		
BE	George W.  190. INFORMANT'S NAME (Type/Print)	Potts	19h MAILING	ADDRESS (Street	and Number or Rural			Potts	
임	Mrs. M. Butner				Street.				21225
	20e. METHOD OF DISPOSITION  XXBurlel 2 Cremetton 3 Removal  4 Donetton 5 Other (Specify)	of from State	PLACE OF DISPOS		emetery, crematory or		Baltimo	City or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Kevin I	E. Ecker	MCCU	IND ADDRESS OF FA 11y Funer E. Pataps	ral Home	e of Bro	oklyn	
	23. PART I. Enter the disesses, pr con shock, or heart failure. Lis			not enter the m	ode of dying, aud	ch as cardiac o	r respiratory srr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Acyte	: Pul	ro naw	1 Emb	oler	7		Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OH AS A	CONSEQUENCE O	hea n:	it fo	ailune		,	
ЖЖ	resulting in deeth) LAST						-		
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						MADLE PRIOR TO MPLETION OF CAUSE DEATH?		
SICIAN:		HOSPITAL:	untient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C		city		
у РНУ	27. MANNER OF DEATH  1/ Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. II	HJURY AT MORK?		E HOW INJURY OC	CUREO	
ETED B	2 Accident investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ice	28f. LOCATION City or Tow	(Street and Numbern, State)	or Rural Route	Number,
COMPLE	29a. CERTIFIER (Check only one)  1 CCERTIFYING PHYSICIA 2 MEDICAL EXAMINER:								d menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	sx: Ikins	on A	1.D.	29c. LICENSE NU	JMBER	29d, DAT	5 19	rith, Dey, Year)
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (TEM 27) (Typ)	Print)			· · · · · ·		1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Appe. Print)

anonou A BEGISTION'S EIGHATHOUGH

300

31. DATE FILED (Month,

2**2**0990

Md

timpue

YSICIAN: The law requires that the death certificate be executed within a sure after death. Page 6 may be retained by the hospital or attending physician.	ruificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should no State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
mouted within surs after death. Page 6 may be retain	ind completely filled in by the funeral director, page 5 sho burial, cremation, or removal.	atic event, the medical examiner must be notifi
0	9 4	d, or item 23 shows any injury, or other traumal
THE HOSPITAL OR ATTENDING PHYS	THE FUNERAL DIRECTOR: After this and within 22 hours after death with	MPORTANT: If Item 28 is marked

•	FOR STATE OF MARYLAND 1 - STATE REGISTRAR	/ DEPARTME			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) ROSE M/ WINM	OND			2. DATE OF DEATH MONTH 05	DAY 19 A		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURG MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	216-52-0299 1 M 2 F 41  90. FACILITY NAME (If not institution, give street and number)	111	ITY, TOWN OF	LOCATION OF DE	7 12 ATH	9c. COUNTY	Maryland OF DEATH	
TOR	Bon Secour Hospital	254	В	altimore				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOW		imore			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10s. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF WHAT COUNTRY		
FUNERAL	1710 Edmondson Avenue			212			USA	
BY FUI	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES?	NO		city Cuban, Mexicer	IC ORIGIN? (Specify \\ n, Puerto Rican, atc.) :		RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	one during most od.)	t of working	16b, KIND OF B	USINESS/INDUST		
OMP	17. FATHER'S NAME (First, Middle, Last)	Uner	nploye		ME (First, Middle, Meide	on Surname)		
BE C	George Waters				Grimes			
2	Reginald Winmond				Balto.		228	
	20a, METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Removal from State	CE OF DISPOSITION r place)	(Name of cem	etery, cremetory or	20c. I	OCATION — City		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FERAL SERVICE LICENSEE	Garriso	on For	D AOORESS OF FA	Cem (	<u>wings N</u> ch F/H	Mest.	
	Sala March						sh Avenue	
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart failure. List only one cause on each i		nter tha mod	ia of dying, suc	h as cardiac or res	piratory arrest	intarvai Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. ANOXIC Such Palo Ratly  Due TO (OR AS A CONSEQUENCE OF)							
_	DUE TO (OR AS A CONSEQUENCE OF)							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):							
IFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
CERT	resulting in death) LAST diving obstruction							
AL	PART II. Other eignificent conditions contributing to death but no	ot reaulting in the	underlying	ceuee given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?	
PHYSICIAN: MEDIC					_		1 TYES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	Low		ACE OF DEATH (Ch	eck only one)			
IYSI	1 VES 2 NO 1 Inpatient 2 ER/Outpatien  27. MANNER OF GEATH 28e. DATE OF INJURY	28b. TIME OF	HER: Nursing Home 28c. INJ		6 Other (Specify)	W INJURY OCCUR	neD.	
BY PH	1 Natural 5 Pending (Month, Dey, Year) 2 Accident Investigation	INJURY	WO	RK? 'ES 2 NO	200.0200.02			
	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	il home, farm, street,	, factory, office		281. LOCATION (Stre City or Town, Str		Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the basic of examination end			eath occured at the	time, date end place,	end due to the c	ause(e) end manner as stated.	
BE	206. SIGNATURE AND TITLE OF CERTIFIER  BULL DUS WEG I M. O.	)		D 26	256	29d. DATE S	IGNEO (Month, Dey, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH	(ITEM 27) (Type, Print,	) 21514	AVE	BALTO	MP 2	2/2/6	
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAN'S SIGNATUR  GUILLE DEVILOR  34. V 2 2 90	n-Randelle		<del></del>				

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

3. TIME OF DEATH EN 5 EUE 0 SEX 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 - M 2 219-82-7251 Md permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hosp. DIRECTOR Balto. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Balto. Md. 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4836 Melbourne 21229 USA detached for use as the burial-transit iours after death. Page 6 may be retained by one hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 ☐ YES ((X) NO Specify: 1 Never Married 2 💢 Married BY Black 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Thomas Brown Thelma 10 Roman by the funeral director, page 5 should removal. notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 Thomas Warren, 4836 Melbourne Rd., Balto., Md. 21229 pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata 20a. METHOD OF DISPOSITION must l 20a, METHOD OF DISPOSITION

1 XBurial 2 Cremation 3 Ref

4 Donation 5 Other (Specify) King Mem. Pk. Randallstown, Md. 21. SIGNATURE OF FUNDRAL SERVICE LICEN examiner 22. NAME AND ADDRESS OF FACILITY March F/ H West 4300 Wabash Ave the medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate filled in by shock, or heart failure. List only one cause on each line interval Betwe 5 Onset and Death IMMEDIATE CAUSE (Finel and completely filled burial, cremation, o disease or condition CARDIO PULMONAR executed within reaulting In death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): ulmmern CERTIFICATION attending physician and mal Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate certificate be Tekle e. Entar UNDERLYING CAUSE (Disease or injury that initieted events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 5 requires that the death been signed by the attent. shows any injury, PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 100 1 YES 2 NO r this certificate has been the with the State Dept. r ₩. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Item OTHER HOSPITAL OR ATTENDING PHYSICIAN: 1 FUNERAL DIRECTOR: After this certificat within 72 hours after death with the Sta 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 COMPLETED 6 Could not be 28 4 Homicide Hem 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER Mujh BE Kenil 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE Cardin Andell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

DHMH-16 Rev 1/89

Abropeza ar .

permit. Pages 1, 2, 3 should

detached for use as the burial-transit

pe Ħ

notified

9

**Must** 

funeral director, page 5 should

hospital or attending physician.

Page 6 may be retained by the

	Sec	ਚੌ	ě
	eath, F	huneral	camin
	ter d	the d	ai e
	S)	3 E	de
1	hou	pa jo	E
	24	y fills	the state
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit has find within 20 hours after death with the State Dept of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
	uted	lial co	9 3
	exec	and of	ша
	Pe pe	ician	Irau
	ficate	phys	
	certi	Jing	=
	ath	Hence H	0
	e de	Ment	3
	it th	D Du	-
	tha	E E	8
	uire	Sig	×
	Teq.	peed	#
	MB!	Den	23
	E.	State	Hem
	CIAN	ertiff the	0
	HYS!	o Sic	ed,
	6 6	er th	nar
)	NIGN	- Aft	60
	TTE	PD aff	78
	A HC	HREC	E
1	AL (	A C	H
	SPIT	NER.	Ë
	5	3	E
	표	THE	0
	2	22	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Q O WILKERSON NOBLE G. 3.05 21 4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 7. DATE OF BIRTH

5 (Month, Day Year) 8. AGE (In urs last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 230-30-2761 29 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH Baltimore Bon Secours Hospital DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10b. COUNTY Baltimore 1 X YES 2 NO MD. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21216 USA 1005 N. Bentalou Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merrie IF YES, GIVE WAR OR DATES BY **Black** 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INCUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Balto. City Public School Groundsman 17 FATHER'S NAME (First Middle Last) 18, MOTHER'S NAME (First, Middle, Malden Surname) Noble G. Wilkerson Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1005 N. Bentalou Street, Balto., MD 21216 Minerva C. Wilkerson 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other plane) 20c. LOCATION -- City or Town, State 20e. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Pe New Cathedral Cemetery Baltimore, Maryland 4 Donation 5 Other (Specify) March F/H West 22. NAME AND ADDRESS OF FACILITY 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line. Intarval Between Onset and Death IMMEDIATE CAUSE (Final SEPSIS disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DECUBITUS & CELWLITIS INFECTED PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE ASTRU INTESTINGAL BLEE DING. 1 TES 2 100 OF DEATH? MELLITUS 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 (\$000) 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Matural 5 Pending 1 YES 2 NO COMPLETED BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. Sec. LICENSE NUMBER
\$26395 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER BE Jula e 15-21-90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSPITAL BALTIMORE SECOUR

BOON

MD

324 REGISTRARE SIGNAMEN ASSE

JU CKA

SURJIT

MD

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Leroy Ge	orge	Wall te	rhoefe	er.	2. DATE OF	DEATH DA		YEAR	3. TIME OF	DEATH
	Levou		ler h		_	-	MONTH	1.0		9 ()	9	10PM
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last i		UNOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 1	BIRTH	,	e. BIRTH	PLACE (State	or Foreign
	215-09-1873	1 M 2 🗆 F	83	YRS.	THS DAYS	HOURS MIN.	1-2	7 - 0 (			Ltimor	e Md.
	90. FACILITY NAME (If not institution, give s			9b		R LOCATION OF DE	ATH		9c. COUN	ITY OF D	EATH	
BY FUNERAL DIRECTOR	Francis S ott Key	Med. Ctr.			Baltin	nore				-		
E I	100 STATE 100. COUNTY				WN OR LOCAT						10d. INSIDE	CITY
10	Paryland Bal	ltimore		Ea.	Ltimore	€					1 YES	
4	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZ	ZEN OF V	WHAT COUNT	RY?
E	7507 Lange St.					21224				US/	1	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARM	ED		ENDENT OF HISPAN			or No-	14. RACI Black	E — Americer k, White, atc.	Indien,
BY F	1 Never Merried 2 Merried 3 Nidowed 4 Divorced	IF YES, GIVE WAR OR				2 XNO Specify		.,,		Spec		hite
	15. DECEDENT'S EDU	CATION	100. DEC	EDENT'S USL	AL OCCUPATION	ON .	16b. KIN	D OF BUS	INES\$/IND	USTRY		
ti I	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. (		dona during mo ired.)	st of working		T	) - 4·1·	C		
Ĕ	0			POLIC	ceman				Beth.		eeT	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charles	Walterhoefer				19. MOTHER'S NA	ME (First, Midd	le, Maiden	Sumame)			
H						L						
2	Joan Walzlavek, I	aughter	198	021 Ne	eighbor	nd Number or Rural I	Balto	O., I	d. 2	1237	7	
	20a. METHOO OF DISPOSITION 1-1 Burial 2 Cremetion 3 Rem	2	Ob. PLACE O	F DISPOSITIO	N (Name of cer	netery, cramatory or		20c. LO	CATION —	City or To	own, State	
	4 Donetion 5 Other (Specify)	Oval from State	Lorr	aine I	k. Cer	netery		Ba	altim	ore	Co.,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				O AOORESS OF FA		. 2 . 11.	- 5	. A.		
	Jann X	Junds	la	4	1	zdzinski 7 Old Eas					Mal	27 227
	23. PART i. Enter the diseases, or	complications that caus	ed the dea	th. Do not								oximete
ı		List only one cause on	eech line.									val Between
	IMMEDIATE CAUSE (Finel disease or condition	Dag.	4.5	0								
	recuiting in deeth)	DUE TO (OR AS	A CONSECU	JENCE OF):							+	
2												
CERTIFICATION	Sequentielly list conditione, if eny, leeding to immediate	DUE TO (OR AS	A CONSEOL	JENCE OF):								
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C									_	
#	thet initieted evente resulting in deeth) LAST	OUE TO (OR AS	A CONSEOU	JENCE OF):							i	
监 ]		d										
	PART II. Other eignificent condition	ne contributing to death	but not re	eulting in t	he underlyln	g ceuee given in	Part I. 24	a. WAS AN		241		PSY FINDINGS
EDICAL							1	PERFOR			COMPLETION	
밀			_								OF DEATH?	2 🗆 NO
=												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF DEATH (Ch	eck only one)					
Sic	EXAMINER?	HOSPITAL:	rtpatient 3		FHER: □ Nursing Hon	e 5 🗆 Reeldence	e 🗆 Other (S	pecify)				
Ť	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,		28b. TIME O		URY AT	28d. DESCR	IBE HOW I	NJURY OC	CURED		
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Moran, Day, row)	´	into on		YES 2 NO						
	3 Suicide e Could not be	28e. PLACE OF INJUI building, atc. (S)	RY — At hom	ie, farm, stree	t, factory, offic	•		ON (Street a	and Number	or Rural	Route Number	
	4 Homicide determined	serioris, are to	,,,,,				City or in	Own, Giate)				
۳ ا	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my kne	owiedge, dea	th occurred a	t the time, deta	end plece, end due	to the ceuse(	e) end mer	ner ee stat	led.		
City or Town, State)  29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) and menner es stated.								e) end manne	r ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE	8		-		29c. LICENSE NUI	MBER	-	29d, OAT	E SIGNE	) (Month, Day,	Yber)
BE	Stried	- NO)							D 6	1/19	19,	)
٩	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETEO CAUSE OF	DEATH (ITEM	27) (Type, Pri					_	1166	110	
		dman, ME	フ		490	10 Eas	sern	Ave		Ba	et 21	224
	31. DATE FILEO (Month, Day, Year)	Julia Davidson	amplesti									

or an ading physician. BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the instruction of the completely filled in by the funeral director, page 5 should be durined for use hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

permit.

use as the burial-transit

once.

Ħ

notified

9

must

examiner

medical

the

event,

traumatic

other

10

shows any Injury,

23

6

marked,

99

Item 28

MAYO 23

1990

after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. executed within HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be signed by the atten Health and Mental this certificate has been a with the State Dept. of L DIRECTOR: After the hours after death in TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 11:32 PM 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH DECEDENT'S NAME (First, Middle, Last) MAY Frances Lorraine Adler 2332 7. DATE OF BIRTH (Month, Day, Year) Z-Z-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN. NEW YORK 094-14-1294 1 - M 2 F 9a. FACILITY NAME (If not institution, give stree . COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH Baltimor HOSP DIRECTOR SINAL HOSE 10d. INSIDE CITY LIMITS? 10c, CITY\_IDWN OR LOCATION 10e STATE 10b. COUNTY BAYONN NY 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL Terrac 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Pu 1 YES 2 XNO Specify: 1 Never Merried 2 Merried WHITE BY 3 dowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest gr Elementary/Secondary (0-12) Coffege (1-4 or 5+) HOUSEWIFE AT HOME 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname HERMAN STARK CLARA BE 19e. INFORMANT'S NAME (Type/Print) 19th MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROOSEVELT TERRACE BAYONNE, NJ 07002 ALTON ADLER 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or BNAI ABRAHAM MEMORIAL PARK UNION, NJ 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
SOL LEVINSON & BROS., INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6010 REISTERSTOWN RD. BALTO. MD 21215 B 23. PART L Enjer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate Onset and Death **IMMEDIATE CAUSE (Final** disease or condition\_ pulmonay resulting in death) DUE TO (OR AS A CONSEQUENCE OF): periphial viscular CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Gorto- bifein 5/8 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ne 5 - Residence 8 - Other (Specify) 4 I Nursing H 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 🖄 Natural 5 Pending 1 YES 2 NO BY · 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER

1 🗹 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE WAD 18190 Naus 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Salhmore. ER WALTER SMARS NA SINM HOSPITAL 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE who Davidson Bandage

apras es

OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

I'M THE GAM TOUGHOUS HIS COURT CONTINUES OF	THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	al, cremation, or removal,	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IO THE FUGILIAL ON ALLENDING FILIDICIAL. THE IMPRING THE WASHINGTON TO	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traum?

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	at ANI	N 10		2. DATE OF DEATH DAY	YEAR O	3. TIME OF DEATN
4, SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.	last birthday) IF UNDS	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN		PLACE (State or Foreign
217220130	18M2 0 F 62	YRS. MONTHS	DAYS HOURS MIN.	Month, Day, Year)	28 Countr	" Md
9a. FACILITY NAME (If not institution, give st	reet and number)	9b. CIT	y, town or location of de	2/2/5	9c. COUNTY OF D	EATN
RESIDENCE OF DECEDENT			~ ~ / ~ · / · · · · · ·	2/2/3		
10a, STATE 10b, COUNTY		10c. CITY, TOWN	OR LOCATION		Α	10d. INSIDE CITY LIMITS?  1 X YES 2 NO
10e. STREET AND NUMBER	100	-	101. ZIP CODE		10g. CITIZEN OF V	-
5336 Cul	Theest as	re	Belly.	21217	U. S.	American Indian
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 1 YES 2   IF YES, GIVE WAR OR DATES	NO 13	If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puarto Rican, etc.)	Black Speci	- American Indian, t, White, atc., by: R/ACK
3 Wildowed 4 Divorced  15. OECEDENT'S EDU		DECEDENT'S USUAL		16b. KINO OF BUSI	NECC/INDISTOV	BZ//CI\
(Specify only highest grade		(Give kind of work don life. Do NOT use retired.	during most of working	*		Hosp
SRONDARY	1	-XRAY /	echi			110 37
17. FATHER'S HAME (Find, Mindle, East)	AdAMS		18. MOTNER'S NA	ME (First, Middle, Malden S	AMBE	75
19a INFORMANT'S NAME (Type/Print)	7	19b. MAILING ADDRE	SS (Street and Number or Pural	1 7 -		210.1
C. T.R.O.L.Y.N. H.C.	JAM3	5336	Chick Port I		ATION - City or To	2/2/5-
1 Buriat 2 Cremation 3 Ram 4 Donetton 5 Other (Specify)		or place)	Hill Ceme	+ -	77+ A	carotage md
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2:	2. NAME AND ADDRESS OF FA	CILITY		2 12 1
Joseph 9	Lochet	, /	304 n. Ce	stral	ane,	Ballo by.
23. PART I. Enter the diseases, or shock, or heart fallure.	complications that caused tha List only ona cause on each		er tha mode of dying, suc	th as cardiac or respir	atory arrest,	Approximate interval Batween
iMMEDIATE CAUSE (Final disease or condition	. VENTRICO	Lan T	AZHYCANDIA	1 Figner	ATTA 1	Onset and Death
resulting in death)	DUE TO (OR AS A CON	NSEQUENCE OF):		/		5 years
Sequentially list conditions,	DUE TO (OR AS A COM		BL INFAM	CTIN		
if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· ASCVD					11
that initiated events resulting in deeth) LAST	DUE TO (OR AS A COM		MYO PATHY			,
PART il. Other significant condition					UTOPSY 24	. WERE AUTOPSY FINDINGS
	USULIN DEPE	-/		PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26, PLACE OF OEATN (C)	beak anti-area		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatier	or 3 DOA 4 D				
27. MANNER OF OEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCUREO	
1 Netural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY — A	M home form street f	1 YES 2 NO	28f. LOCATION (Street a	nd Number or Rural	Route Number
3 Suicide 6 Could not be 4 Homicide datarmined	building, etc. (Specify)	a roma, many arrest, r	and y, of the	City or Town, State)		
(Check billy )	SICIAN: To the best of my knowledge	e, death occurred at th	e time, data and place, and du	a to the cause(a) and man	ner as stated.	S. 1888-1-1-1-1-1-1-1
	ER: On the beals of axemment on an	displinestigation, in m				
296. SIGNATURE AND TITLE OF CERTIFIE	ADV.	to	29c. LICENSE NU DZ88	1 —	DATE SIGNE	-U/90
30. NAME AND ADDRESS OF PERSON WI					-/	1
31. DATE FILED (Month, Day, Year)		owson	m) 21	Zoy		
MAY 23 1990	32. REGISTRAR'S SIGNARY	116				

Fig. 1

DIVISION OF VITAL RECORDS, F.O. BOX 15146,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 must after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the afterding physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  THE FUNERAL DIRECTIONS After this State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	" MARTLANE	be retained by the hos	age 5 should be detach	be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13140, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the TOTHE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, important: It is now 38 is not actived or than 23 shows any fulluy or other traumalite event. The	DALIMORE	nous after death. Page 6 may	ed in by the funeral director, p	medical examiner must
E E E	DIVISION OF VITAL RECORDS, P.O. BOX 13148,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ma	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	e fied within 72 hours after death with the State Dept. of Health and Mental Hyglene phor to bunal, cremation, or abouts and the state of the marked or them 23 shows any injury of other traumatic event. The m

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) TEANNETTE A. BOYD 2. OATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH								
	4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign								
	212-76-5930 1 M 2 DE 25 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Yearly 10/23/64) Country) MD								
œ	98. FACILITY NAME (If not institution, give street and number)  98. CITY, TOWN OR LOCATION OF DEATH  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH								
2	RESIDENCE OF DECEDENT								
DIRECTOR	100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. STATE CITY LIMITS?  1 DATES 2 \( \text{NSIDE CITY} \) LIMITS?								
	10e. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?								
FUNERAL	11. MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. APPED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.   14. RACE _ American Indian,								
BY FL	1 Never Married 2 Married   FORCES? 1 YES 2 NO   If yes, specify Cuban, Maxican, Puerto Rican, etc.) 3 Wildowed 4 Divorced   Divorced   FORCES? 1 YES 2 NO   If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO   Specify: Ricc.   Speci								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. OECEGENT'S USUAL OCCUPATION (Give kind of work done during most of working								
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)								
OMP	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)								
BE C	Robert Boud Jean Keys								
0 B	196. JUPORMANT'S NAME (Type/Part) 196. MAILING ADDRESS (Street and Number or Rural Route Nurpber, City or Town, Starte, Zip Code) 2/2/8								
	20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, grematory or 20c. LOCATION — City or Town, State								
	1 Surial 2 Cremation 3 Removal from Stata Baltimore Cim. Baltimore, mo.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate								
	ehock, or heart fellure. List only one ceuse on each line.  Interval Between Onset and Death								
	disease or condition - Septic Shock 24 hours								
-	oue to (or as a consequence of):  Bight lower lobe pneumonia								
TIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING								
FICA	CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in deeth) LAST								
AL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO								
OIC	HIVE : nephropodry, conditiony podry 1 does 2 no completion of cause of DEATH?								
MEDIC	and encephalopadhy, on hemodialy S13 10 YES 2 XORO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
SIC	EXAMINER?  1 YES 2 WNO  1 It inpatient 2 ER/Outpatient 3 DOA  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)								
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF 28c. INJURY AT WORK?  1 Netural 5 Pending  28c. NATURY OF WORK? 1 YES 2 NO								
D BY	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, tectory, office City or Town, Street and Number or Rural Route Number, City or Town, State)								
ETED	4 Homicide determined n/a								
COMPLET	29s. CERTIFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER / 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year)								
O BE	Thren a. Komoli, kis								
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ORATH (ITEM 27) (Type, Print)								
	St. DATE FILED (MODITY, Day, 1907) St. St. St. St. D. S. CYPENE ST. BOLD, W. 21201								
	MAY 23 1990 Sun 35 RECONSTRUCTION OF THE STATE OF THE STA								

1,011 97

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, crema IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

BOX	). BOX 13146,	BALTIMORE, MARYLAND 21203-3146
ertificate be	executed within	ertificate be executed within 2 mouns after death. Page 6 may be retained by the hospital or attending physical
ng physician	and completely	ng physician and completely filled in by the funeral director, page 5 should be detached for use as the burial manuferm. Thes 1, 2, 3 should
giene prior	to burial, crema	giene prior to buriai, cremation, or removal.
other trau	matic event.	other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	<b>MARYLAND</b>	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
		C	ERTIFICATE	OI	F DEAT	H		REG.	NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH 3. TIME OF DEATH						1. TIME OF DEATH	
Herbert But]	ler (mber	na Horb	ert Butler)	MONTH DAY		M	
	THOM		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		LACE (State or Foreign	
<u> </u>	<u>V</u> M 2 □ F	4 YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year) 10/13/05	Bal	to., MD	
9a. FACILITY NAME (If not institution, give street			CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEA		
1624 W. Frankli	n St. (Re	s.)	Baltimore (	City	Maryla	and	
10a. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCATION			IOd. INSIDE CITY LIMITS?	
Maryland		Bal	timore City			YES 2 NO	
10e. STREET AND NUMBER			10f. ZIP CODE	1.0	10g. CITIZEN OF WH	IAT COUNTRY?	
1624 W. Frankli			21223		US/	A	
	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic		or No- 14. RACE - Black,	- American Indian, White, etc.	
1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 NO Speci			D21-	
15, DECEDENT'S EDUCAT	Tion	AL DESCRIPTION HO		Black			
(Specify only highest grade con	mpleted)	(Give kind of work life. Do NOT use re	done during most of working	166, KIND OF BUSI	NESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	DO 1101 BB0 10	in out,				
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maiden S.	umame)		
Thomas M. Butle	er			cille Tat			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)		
Lucille Garrett			W. Franklin				
20a. METHOD OF DISPOSITION 1 Deurlel 2 Cremation 3 Remove	I trom State	other place)	ON (Name of cemetery, crematory or		ATION — City or Tow	n, Stata MARYLANI	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN:		RBUTUS N	EMORIAL PAR		GITMORE	PIARILIANI	
21. SIGNATURE PONERAL SERVICE LICEN	\$ 1 A.	-4-	Leroy O. Dye		Funeral	Home	
Norvie !	) huy					Lilome	
						Approximata	
IMMEDIATE CAUSE (Final	t only one cause gn ea	ich line.	1 0			Interval Between Onset and Death	
disease or condition resulting in death)	CARDIA	CARI	-HTTHONE	TS		Sulder_	
reading in deadly	DUE TO (OR AS A	CONSEQUENCE OF):	-100-			(10	
	myocacoral Totalcrow solden						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):  ATHEOCOCULOCOC CALBUVASCULAR DUSCASE 30MM						
cause. Enter UNDERLYING CAUSE (Disease or Injury	ATHERI		IL CARBON	L'ASSINIBLIAN BUSCILLE			
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
d							
PART II. Other algnificant conditions of	contributing to death by	ut not resulting in t	he underlying cause given in			WERE AUTOPSY FINDINGS	
(A) PERFORMED? AMALASIE PRIOR OF CALIFE						COMPLETION OF CAUSE	
EN DISTRUCTULE UROPATHY PROSPET CENTROL 2 NO OF DEATH?							
MIT HEMAD OF	A - PA	BAPLE C	PADO : NOMA			120 12010	
25. WAS CASE REFERRED TO MEDICAL	1 1 1	7731000	26. PLACE OF DEATH (C	heck only one)			
	Inpetient DER/Outp		THER:				
27,MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME O		6 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCURED		
1 Netural 5 Pending	(Montili, Day, Year)	INJUR					
2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	- At home, farm, stre-		28f. LOCATION (Street ar	nd Number or Rural Ro	ute Number.	
4 Homicide 6 Could not be datermined	building, atc. (Spec	ffy)		City or Town, State)			
29e. CERTIFIER  (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.							
(Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
29b. SIGNATURE AND TOTLE OF CERTIFIER 29c. LICENSE NUMBER 1 29d. DATE SIGNED (Month, Day, Year)							
(A) (22 02122	stall si	I FILLA	CT AM aki	2011	D 5 1	290	
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	J-T			
BRIN, BURN STREET, SALTIMORE, MO 21201							
31. DATE FILED (Month) One Der 32. REGISTRAR'S SIGNATURE  NAV 23 QQQ ALIA JEMA AND AND AND AND AND AND AND AND AND AN							

O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a manner after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND4 DEPARTM			MENTAL HYGIEN	E	
							3. TIME OF DEATH	
	JULIE ANNE BERGER May 18.1						8, 1990	8150P m
	4. SOCIAL SECURITY NUMBER		27 MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign Intry) RYLAND
	220-72-4792	1 M 2 X X	Z / YRS.			6-9-62		
DIRECTOR	9a. FACILITY NAME (If not institution, give 6495 BRINTON R RESIDENCE OF DECEDENT		nort Dr.	CITY, TOWN O	R LOCATION OF DE	ATH	BALTIN	MORE CO.
2								10d. INSIDE CITY
5	MARYLAND BAL	TIMORE						1 YES 2 NO
AL	10e. STREET AND NUMBER	0.5.4.4			ZIP CODE			WHAT COUNTRY?
ONER	6405 BRINTON ROAD. 8541 Ramort Dr. 21051 21236 USA							
יים דם	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 1 NO		city Cuban, Maxican	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	Bit	ACE — American Indian, ack, White, atc.
2	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S USU			16b. KIND OF BU	SINESS/INDUSTRY	
COMPLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of the Do NOT use ret	ired.)		Law F	irm	
L L	12 YEARS	2 years	CLERK L	egal :	Secreta	r LEGAL	SERVI	SES.
DE CO	17. FATHER'S NAME (First, Middle, Lest) MICHAEL J. RUS	SZCZEWSKI				ME (First, Middle, Meiden GUTIERRE		a A Gutierre
2	19a. INFORMANT'S NAME (Type/Print) MRS. JULIA MO	CULLOUGH				E BALTO.		1224
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Res	novel from State	Technology STANI	N (Name of cen	etery, crematory or	20c. LO	CATION — City or TO. MD	
	4 Donation 5 Other (Specify)		I. STANI					•
1	Krimin V	Horsein	whi.	KACZI 2525		FUNERAL STREET B		MD. 21224
	23. PART I. Entar the diseases, or	complications/that cause	d the death. Do not	enter the mo	de of dylng, such	as cardiac or reap	iretory srrest,	Approximate
	immediate Cause (Final disease or condition resulting in death)	a. District of as	min	en y	homet	Langer	19	Interval Between onset and Death
,	DUE/10 (OR AS I/CONSEQUENCE OF):							
HILLAHON	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
	that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
בו בו		d						
1	PART il. Other significant conditie	ons contributing to death b	out not resulting in th	na underlylng	cause given in i	Part I. 24s. WAS AN		AMAILABLE PRIOR TO
6	COMP							COMPLETION OF CAUSE OF DEATH?
MEDIC						_		1   YES 2   MO
ż		TE MAS CASE DESCRIPTO TO MEDICAL						
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAC:	01	26. PL	ACE OF DEATH (Che	ck only one)		
2	1 VES 2 NO 27. MANNER OF DEATH	1 Depatient 2 ER/Out	patient 3 DOA 4 D	Nursing Hom	5 Residence			
5	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?							
	2 Accident Investigation 3/8-70 Investigation 3/8-70 As home form stood feedby office.							
3	4 Homicide detarmined detarmined							
4	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	deduce double comment					
COMPLETED		NER: On the basis of examination						se(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI		-		29c. LICENSE NUN			IED (Month, Day, Year)
0 66	Sohn solot	Donn	ellen	-	D-19	383	1.5-	19-90
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prir	10)	VUL	100		1 10
	Charles F	-O'Vann	10/1 m.1)	-25	0/ 2/00	KRd To	outson	m/21204
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		/			
	MAY 23 1990 4	who Mundown Diane						

							90	14019			
	1 - STATE OF MARYLAND / D  STATE OF MARYLAND / D  CEF		MENT OF H		MENTAL HYGI REG.						
	1. DECEDENT'S NAME (First, Middle, Leat)  SENNEFE BOS 70N  2. DATE OF DEATH MONTH DAY OF DAY										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last bit				7. DATE OF BIRTH (Month, Day, Yea	r)	6. BIRTI	IPLACE (State or Foreign			
CC.	9a. FACILITY NAME (If not institution, give street and number) HOMEWOOD HOSPITAL SOUTH			R LOCATION OF DE		-	UNTY OF D	EATH			
DIRECTOR	RESIDENCE OF DECEDENT	10c, CITY	, TOWN OR LOCAL					10d. INSIDE CITY			
	MD	ВАІ		E, MD.				1 X YES 2 NO			
FUNERAL	4300 OLD YORK RD.	101	21212			JSA	WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	ED .	If yes, sp	ENDENT OF HISPAN acity Cuban, Maxica 2 XNO Specify	n, Puerto Rican, etc.		14. RACE — American Indian, Black, White, etc. Specify: B L A C K				
COMPLETED	(Specify only highest grade completed) (Give	USUAL OCCUPATION ork done during money retired.)	DN st of working			DGE IRON&METAL					
	17. FATNER'S NAME (First, Middle, Lest) NOAH BOSTON				ME (First, Middle, Ma		110	NAMETAL			
TO BE	19a. INFORMANT'S NAME (Type/Print) PEARL BOSTON	MAILING		M RD /	ORK ROAD	BALTO					
			ITION (Name of cer	netery, cremetory or CEMETE	200	LOCATION -	- City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10		ID ADDRESS OF FA		IKLS	VILL	L, MD.			
	Alalie Warren							ORTH AVE.			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, abook, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a										
	DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, if any, leading to immediate										
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):										
O	d.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS  24b. WERE AUTOPSY FINDINGS										
MEDICAL	PERFORMED? AM 1 YES 2 NO COI										
	25. WAS CASE REFERRED ID MEDICAL		28 D	ACE OF DEATH (Ch	ant ontron						
PHYSICIAN:	EXAMINER?  t YES 24 NO HOSPITAL: Impatient 2 ER/Outpatient 3	DOA	OTHER:	e 5 🗆 Residence		)					
ву РН	27. MANNES OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE NOW INJURY OCCURED  1 YES 2 NO										
ETED 8	3 Suicide S Could not be determined  28e. PLACE OF INJURY — At home building, etc. (Specify)	e, ferm, s	treet, factory, offic	4	28f. LOCATION (S City or Town,	treet and Numb State)	oer or Rural	Route Number,			
COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, deatly one)  2 MEDICAL EXAMINER: On the best of examination end/or inv							(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  M M M M M M M M M M M M M M M M M M			29c. LICENSE NUI	MBER	29d. D.	ATE SIGNE	D (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DEM 27) (Type, Blay O NEW DOD NOSS CTR.)  G WALLAMD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DEM 27) (Type, Blay O NEW DOD NOSS CTR.)  G WALLAMD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DEM 27) (Type, Blay O NEW DOD NOSS CTR.)											

gran Jest RECISTAGO TEN MORE

2

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat. cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

.32	-	1	_
_' )	>	1	7
	-	1	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTRAH			CI	ERTIFIC	JAIE	UF D	CAIR	REG. NO.				
1. DECEDENT'S NAME (First								2. DATE OF DEATH DO	NY.	YEAR	3. TIME OF DEATH	
Victor					- Company			5 21		90	12:45 pm	
578-30-024		5. SEX 6.	AGE (In yrs. les		IF UNDER 1 YE		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
9a, FACILITY NAME (If not in			65		96. CITY, TOWN OR LOCATION OF DEATH				I 80 COI	Oklahoma 9c. COUNTY OF DEATH		
		*	Haani				OCATION OF DE	Ain				
Montgo RESIDENCE OF BEG	THELA	General	позрі	tail	01	ney			MO	ntgo	mery	
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									10d. INSIDE CITY LIMITS?			
MD	Moi	ntgomery			Dama						1 TES 2 TX	
100. STREET AND NUMBER 25120 (	)ak Di	civo					0873			USA	VHAT COUNTRY?	
11. MARITAL STATUS	Jak Di	12. WAS DECEDENT E	VED IN II S AS	MED	12 WAS			IIC ORIGIN? (Specify Yae			- American Indian	
1 Never Married 2	Married	FORCES? 1			If ye	s, specify		n, Puarto Rican, etc.)	01110	Speci	E — American Indian, k, Whita, etc. #// White	
15, DEC (Specify onl	EDENT'S EDU	CATION completed)	18a. DE	CEDENT'S U	SUAL OCCU	PATION ng most of	f working	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (	)-12)	College (1-4 or 5 +)						E . 1	1 0			
	unkno	own		engin	eer			Federa		over	nment	
17. FATHER'S NAME (First, M Victor E		Sr						ME (First, Middle, Melden	Surname)			
19a. INFORMANT'S NAME (		, 51.	1 40	h MAP INC -	OODESS (C	_		Kenaga  Route Number, City or Tow	m Obsta **	in Corte		
Rodger F			"						2087			
200. METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOSIT			ry, crematory or	<del></del>		- City or To	wn, Stata	
1   Burle  2   Commetton 3   Removal from State   Other place)   Greenmount Crematory   Baltimore, MD								, MD				
21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE CICENSEE  22. NAME AND ADDRESS OF FACILITY  Bradley-Ashton Funeral Home, Inc.											
2134 Willow Spring Rd/Balto MD 212												
ahock, or h IMMEDIATE CAUSE (Fit disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Squamous cell carcinoma, posterior pharynx, pour to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  C. OUR TO (OR AS A CONSEQUENCE OF):									interval Between Onset and Death		
PART II. Other algolitic	ant condition	na contributing to da	ath but not	resulting in	the unda	rlying c	auaa givan in			24b	. WERE AUTOPSY FINDINGS	
								PERFOI			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 KY-YES 2 NO	
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLAC	E OF DEATH (Ch	eck only one)				
1 TYES 2 THO		1 Tripationt 2 🗆 E		3 DOA	4 - Nursing			6 Other (Specify)				
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 VES 2 NO											
2 Accident	Investigation	28e. PLACE OF I	NJURY — At h	ome, farm, st			2 NO	28f. LOCATION (Street	and Numb	er or Rumi	Route Number	
4 Homicide	Could not be determined	building, ato	. (Specify)	,	, , , , , , ,	,		City or Town, State				
29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)												
Jan	Can R Lumbz Pathologist D30868 May 22 1990											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
Joan R. Kumar, M.D., Montgomery Genl Hospital  31. DAN (MO) (MO) (MO) (MO) (MO) (MO) (MO) (MO)												
231	31. DATE (MENT) Day, (bar) 32. REGISTRAR'S SIGNATURE											

	FOR STATE REGISTRAR		STATE OF M	IARYLAN	ID / DEPAI CERTIF					MENTA	L HYGIEN	//	· ) -	14021
1	1. DECEDENT'S NAME (First, Midd		lliam		т.	Cre	eight	on,	Jr.	2. DATE	OF DEATH D	AY	YEAR	3. TIME OF DEATH 1:10PM M
	4. SOCIAL SECURITY NUMBER 216-38-7937	7	5. SEX XX M 2 - F	6. AGE (In )	rs. last birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDES	R 24 HRS. MIN.		7. DATE OF BIRTH (Month, Day, Year) 05 23 1941		8. BIRTHI Country MD	PLACE (State or Foreign
ВО	9a. FACILITY NAME (If not institution, give street end number)  Dorchester General Hospital					9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH  Cambridge					Dorchester County		
DIRECTOR		COUNTY	hester		10c. CI	10c. CITY, TOWH OR LOCATION  Cambridge								10d. INSIDE CITY LIMITS? 1  YES 2 XNO
FUNERAL I	100. STREET AND NUMBER Rt. 50 & WI	hite	Hall 1	Rd.		101. ZIP CODE 21613					10g. CITI	10g. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS  1 Never Married 2/XMerried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1/X XYES IF YES, GIVE WAR OR DIVORCED Md. Nat'l.				2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)						Black	RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED		(Specify only highest grade completed)  (Give kincillete (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)				of work done during most of working If use retired.)					restai	o of Business/INDUSTRY staurant/night club to dealer		
	17. FATHER'S NAME (First, Middle, William		omas Cr	eight	con			18. MOT			Middle, Maiden 25 Mul			
IO BE	19e. INFORMANT'S NAME (Type/P										nber, City or Tow			
-	Barbara R.	Cre	eighton							Car	nbrid			
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3  4 Donation 5 Other (Special Control of Control		oval from Stata	_ DC	ther place) OTCHES	ter	Men	etery, cre	ark			Camb:		
	21. SIGNATURE OF FUNERAL SE	RVICE LIC	Theran	9.			HOMA			7.7	HOME	700 : Camb :	Locu	st St. e Md.21613
CERTIFICATION	23. PART I. Entar the diseases, or complications that plused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Fatty liver  Due to (or as a consequence of):  Alcoholism  Due to (or as a consequence of):  CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):													
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the un						underlyin	ng cause given in Part I. 24a, WAS AN AUTPERFORMET  YES 2   YES 2			RMED?	D? AMILABLE PRIOR TO		
PHTSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER? XXES 2 \(\sum \) NO	EDICAL	HOSPITAL:	X ENOutput	lent 3 DOA	OTH	ER:		DEATH (C		one) her (Specify)			
Ĺ	27. MANNER OF DEATH  15. Natural 5 Person	dina	28a. DATE O		28b. T	IME OF NJURY	28c. IN.	URY AT		_	EŞCRIBE HOW	INJURY OC	CURED	
ED BY	2 Accident Inver	cident investigation  28e. PLACE OF INJURY — At home, far building, atc. (Specify)				M 1 TYES 2 NO 28f. LOCATION				OCATION (Street ty or Town, State	(Street and Number or Rural Route Number, m. State)			
COMPLEI			ICIAN: To the best of											s) and manner as stated.
n n	296. SAGNATURE AND TITLE OF			e		29c. LICENSE NUMBER					20d. DATE SIGNED (Month, Day, Year)  ▶ 5-9-90			
0	30. NAME AND ADDRESS OF PE Margarita A	A. Ko	orell,MD					11 P	enn	Stre	et,Bal	timo:	re,M	21201
	31. DATE FILED (Month, Day, Year,		32. REGISTR	WA DE	MISON-A	andall	2							

V va ·n e ou en la v

1 - STATE REGISTRAR	STATE OF M			RTMENT				MENTA	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)		- 01	-/1///	IOAIL	. 01	DEA		2. DATE	OF DEATH			3. TIME OF DEATH
WALTER		ghenowi						May	20,	1990		3:00 A m
193-10-3448	SEX	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	(Mon	of BIRTH h, Day, Ybar)		Country	
170 10 0100	^	72	YHS.			R LOCATION			15, 1	918	Pe.	nnsylvania
9a. FACILITY NAME (If not institution, give street				9b. C111,				EATH		9c. COU	NIT OF DI	EAIH
1732 S. Charles St	. 6				Ва	ltim	ore					
10a. STATE 10b. COUNTY			10c. CIT	ry, town o	R LOCAT	ION						10d. INSIDE CITY LIMITS?
Maryland				Bal	ltim	ore						1 XYES 2 NO
10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
1732 S. Charles St						2	1230				USA	
11. MARITAL STATUS 12  1 Never Married 2 Married	FORCES? 1	EVER IN U.S. AR YES 2 1	MED NO						N? (Specify Yea	or No-	14. RACE Black	E — American Indian, c, Whita, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	OR DATES WW I	T	1	YES	2 NO	Specify	y:			Speci	" White
15. DECEDENT'S EDUCATI	ON	18a, DE	CEDENT'S	USUAL OC	CUPATIO	N .		18	, KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grade con Elementary/Secondary (0-12)	ollege (1-4 or 5+)	Min	ive kind of Do NOT u	work done o	during mo:	st of workir	ng					
8	0.00		ippi	ng Ct	eerk				Whol	esal	e. Co.	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden			
Edward Coughenour							Susa	n Gl	essner	L.		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS	Street a	nd Number	or Rural	Route Nun	iber, City or Tow	n, State, Zi	Code)	
Eunice Coughenou	r		1732	S. (	Char	les.	St.,	Bal	timore	. MD	21	230
20s. METHOD OF DISPOSITION  1 Duriel 2 Cremation 3 M Remova  4 Donation 5 Other (Specify)	from State	20b. PLACE other pl	OF DISPO		me of cen	netery, cren	netory or			CATION -		WD. PA
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	I MIL.	210	22.		ID ADDRE						
A Deny	Alter	1							RG FUN Bali			E, INC. D 21214
23. PART I. Enter the diseases, or con shock, or heart failure. Lis	plications that	csused the de	ath. Do									Approximate
IMMEDIATE CAUSE (Finsi	t only ona csu:	se on each line	». ^ /			0	$\wedge$					Interval Between Onset and Death
disease or condition resulting in deeth)	6	any	) (	a	120	W	2					
Tooling in ducti,	DUE TO	OR AS A CONSE	QUENCE C	OF):								
Sequentially list conditions, b												
If sny, lesding to immediate	DUE TO	OR AS A CONSE	OUENCE C	OF):								
CAUSE (Disesse or Injury	DUE TO	OR AS A CONSE	OUENCE C	NE)								
that initiated events resulting in death) LAST	502 10	ON AS A CONSE	OUENCE C	эг);								i 💮
d												+
PART II. Other significant conditions of	ontributing to	deeth but not	resulting	in the un	nderlyln	ceuse	given in	Part I.	24a. WAS AI	N AUTOPSY	24b	WERE AUTOPSY FINDINGS
									1 🗆 YES			COMPLETION OF CAUSE OF DEATH?
												1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER	477.	ACE OF D	DEATH (Ch	heck only o	one)			
	☐ Inpatient 2 ☐	ER/Outpetlent	DOA			6 5 🗆 R	asidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF (Month, Di		28b. TII	ME OF	28c. INJ WC	URY AT		28d. DI	SCRIBE HOW	INJURY O	CURED	
1 Natural 8 Pending 2 Accident Investigation				M		YES 2	NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm,	, street, fact	lory, offic	•		281. LO C/t	CATION (Street y or Town, State	and Number	or or Rural i	Route Number,
29e. CERTIFIER												
(Check only	_											a) and manner as stated.
29b. SIGNATURE AND UTLE OF CONTIFIER					»p				a una piace, a			
JOHN STORING OF COMPIER	NNO	1	1	M	)	SAC. TIC	ENSE NO	(2	87	29d, DA	I E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO S	OMPLETED CÂUS	IE OF DEATH (ITE	M 27) (Tim	e. Print)	_		//	00	1			/
1 PU	41	An	N		2	12	va	m(	hi	20	> 2	106
31. DATE FILED (MOUTH) PROJECT FULL	PEGISTRA	R.S. WAYATURE										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ramoval. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected in use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF H			HYGIENE REG. NO.				
	DECEDENT'S NAME (First, Middle, Last)	TACEDU ANTUE	WV CI	ADV CD		2. DATE OF MONTH	- Ch 45	199	AR	10:52 PM	
	4. SOCIAL SECURITY NUMBER	JOSEPH ANTHO		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTN	8.1	BIRTNPLA	CE (State or Foreign	
	212-20-6166  9a. FACILITY NAME (If not institution, give st	1 № M 2 □ F 67	YRS.	MONTHS DAYS	HOURS MIN.		-13-2	3 N	ARY		
DIRECTOR	VA MEDICAL CENTER			FORT HO				BALT			
EC	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION				100	1. INSIDE CITY	
	MARYLAND BAI	LTIMORE		100	DUNDALK ZIP CODE			10g. CITIZEN		YES 2 X NO	
RA	2011 JASMINE ROAD				21222				J.S.		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 XMarried   12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 7 YES 2   1 IF YES, GIVE WAR OR DATES				n, Puerto Ric	BiN? (Specify Yes or No— 14. RACE — American Black, White, etc. Specify:			American Indian, hita, etc.		
	15. DECEDENT'S EDUC	CATION 16a. DE	ECEDENT'S (	JSUAL OCCUPATION	ON .	16b. K	IND OF BUS	I INESS/INDUST		WHITE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of w s. Do NOT use	ork done during mo retired.)	st of working				CURRI TEO		
N	6TH GRADE  17. FATHER'S NAME (First, Middle, Last)	N/A	GALV.A	NIZER	16. MOTNER'S NA			NTAL .	SUPP	LIES	
BE (	19a. INFORMANT'S NAME (Type/Print)	15	b. MAILING	ADDRESS (Street a	nd Number or Rural I				to)		
5	DOLORES GLORIA CI	ARK 2	011 J	ASMINE 1	ROAD By	ALTIMO	DRE. N	ARYLA	VD_	21222	
	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPOS	ITION (Name of cer	netery, crematory or		20c. LOC	ATION — City	or Town,	State	
	1 Donation 5 Ather (Specify)	GREEN	MOUN	T CEMET	FRY 5-2	2-1991	BAI	TIMOR	F, M	ARYLAND	
	21. SIGNATURE OF WHERAL SERVICE LIC	ENSEE ( ) ()			ID ADDRESS OF FA RUCK FUNI						
	Degony	E. Veed	_	17922 1	UTSE AVE	NUE DI	INDA I &	M12	4		
23. PART I. Enter the discusses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										Approximate interval Between Onset and Death	
	disease or condition resulting in death)	RENAL	CELL.	CANCER							
		OUE TO (OR AS A CONSE									
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING  b. DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	C.  DUE TO (OR AS A CONSEQUENCE OF):									
		1									
MEDICAL	PART II. Other significant condition METS TO LUNG AN		resulting is	n the underlying	g cause given in	Part I. 2	4a, WAS AN		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
ă		TR 2° TO BRAIN M	FTC			—   ·	YES 2	X NO	OF	DEATH?	
×	OBIZORE DISORDE	A Z TO DIVALIN II	110			- 1			1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER?  1  YES 2 NO	HOSPITAL: 1 X) Inpetiant 2 - ER/Outpatient	3 DOA	OTHER:	e 5 🗆 Residence						
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ	URY AT	_		JURY OCCUR	ED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(month, bay, roar)			YES 2 NO						
	3 Suicide 6 Could not be determined	ome, farm, a	rme, farm, street, factory, office 28f.			28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLETED	(CINCK ONLY	CIAN: To the best of my knowledge, d									
8		R: On the basis of examination and/or	investigation	n, in my opinion, c			na piace, an				
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			29d. DATE S	GNED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	7	FM 27\ /km-	Print)	D365	>> 1		>	11.8		
	PANKAJ TALWAR, M.D			ALL .	IOLIADD N	(AD\$77 A	MTD O	1050			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	CHICK	FUKI F	OWAKD. M	IAKYLA	ND 2	1052			
- 1	AT 20 1991) gula	wandon-Manage									

- 10 (0)

g a

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within activities after death. Page 6 may be retained by the hosp	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the complete of removals.	the Mittin for India alter dealt will the State Dept. Or reserve any injury, or other traumatic event, the medical examiner must be notified at once.
	SHOULS	filled in b	he medi
46,	ed within	ompletely of cremati	event, t
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	be execut	ian and c	aumatic
). BO	ertificate	ng physic	other tr
ď.	ath c	tendi	6
os,	the de	y the at	injury
<u>E</u>	that	bed b	amy
REC	requires	Deen sign	shows
7	e law	has	23
E	H.	icate	iten
>	SICIA	certif	6
O N	NG PHY	fler this	market
2	ENDI	A: A	98, 00
5	A ATT	HECT.	2 E
5	AL OF	D	f ite
	TO THE HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal physician and completely filled in by the formal physician price to build premating or companies.	IMPORTANT: I

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last)  LAWRENCE H.W. (		-	-	2. DATE OF MONTH	OEATH DAY	11998	AR	TIME OF DEATH P.	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthd		F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF			ВІЯТН	8.1		CE (State or Foreign
	212-03-1244 1XM2 🗆 F	86 YR		DAYS HOURS	MIN.	0870	7703	Maryland		
OR	Home Wood Hospital Cer	iter Sout	Baltimore  86. COUNTY OF DEATH							н
DIRECTOR	10a, STATE 10b, COUNTY	10c.	CITY, TOWN O	RLOCATION		100	1. INSIDE CITY LIMITS?			
	Maryland Baltimore		Arbutu	S	_ 9				1 [	YES 2 X NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP COC	2122	7		10g. CITIZEN	OF WHAT	COUNTRY?
NA.	5204 Leeds Avenue Apt. 5	T EVER IN U.S. ARMED	13. V	AS DECENDENT			Specify Yea	USA or No — 14.	RACE —	American Indian,
BY FL	1 Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced IF YES, OIVE W	YES 2 NO		yes, specify Cub	n, Puarto Rica		Black, White, atc. Specify: White			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)									
<u>=</u>	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working. III. Do NOT use retired.)  SUPERVISOR  16b. KIND OF BUSINESS/INDUSTRY  (Give kind of working. III. Do NOT use retired.)  TIT. FATHER'S NAME (First, Middle, Last)  16. MID OF BUSINESS/INDUSTRY  (Bive kind of working. III. Do NOT use retired.)  SUPERVISOR  16. MOTHER'S NAME (First, Middle, Meiden Surname)									
OME	17. FATHER'S NAME (First, Middle, Lest)	Superv	, ISOI	18. MO	THER'S NA	ME (First, Mide				
BE C	George David Crone		5	En	ma S	arah B	I. Let	utner		
TO B	19a. INFORMANT'S NAME (Type/Print)			(Street and Number					de)	
-	Eleanor C. Hoban			Drive,	_	utus,	Y		1. 7. 1.	0
	1 N Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DIS other place)						ATION - Chy		ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	TOTTGER	22. 1	IAME AND ADDR	ESS OF FA				Fice	Lyland
	127-	to it	An 13	brose F	'uner hur	al Hor Spring	ne, li i Road	nc. d. Arb	utus	, Md 21227
	28. PART Enter the diseases, or complications the									Approximata
đ	shock, or heart failure. List only one cau  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.	OR AS A CONSEQUENCE		S						intarval Batween Onset and Daeth
NO	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									
SAT	cause. Entar UNDERLYING CAUSE (Disesse or injury									
CERTIFICATION	that initiated events resulting in death) LAST	(OR AS A CONSEQUENC	E OF):					- 1		
	PART II. Other significant conditions contributing to	death but not result	ing in the un	dariying cause	given in	Part I. 2	ta. WAS AN			RE AUTOPSY FINDINGS
SICA						_   1	PERFORI	0.7	CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
MEDI						_				YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpetient 2	☐ ER/Outpetlant 3 ☐ DC	OTHER				Nana (6 a)			
HYS	27. MANNER OF OEATH 28a. DATE OF (Month, D	INJURY 28b.	TIME OF INJURY	ing Home 5 I F 28c. INJURY AT WORK?	tamoence			JURY OCCUR	ED	
ВУР	1 Natural 5 Pending Investigation		M	1 YES 2	□ NO					
	3 Suicide a Could not be detarmined	F INJURY — At home, fa etc. (Specify)	rm, street, facto	ory, office			ON (Street a: Town, State)	nd Number or	Rural Route	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of 2 MEDICAL EXAMINER: On the basis of a								suse(s) sn	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			DI	69			29d. DATE 9	4	onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU		(Type, Print)	hospit	al,	BA	Tim	OVE	m	\$ 51518
	MAY 23 1990 Alia Davis	lion-flondess								

quires that the death ceruncate be executed writin 24 hours after death, it age to may be retained by the hospital or attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	f Health and Mental Hygiene prior to burnal, cremation, or removal.	IMPOGRANT: if them 28 is marked on item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s that the death certificate be execu-	ned by the attending physician and	aith and Mental Hygiene prior to burn	any injury, or other traumatic
ICIAN: The law requir	vertificate has been si	the State Dept. of He	or item 23 show
TO THE HOSPITAL OR ATTENDING PHYSICIAN	DIRECTOR: After this c	be filed within 72 hours after death with the State Dept. of Health and Mental	lem 28 is marked
TO THE HOSPITAL \	TO THE FUNERAL DIRECTOR: After this	be filed within 72 h	IMPORTANT: 19 19

_	FOR ↑ STATE REGISTRAR	STATE OF MARY			OF HEALTH AND	MENTAL HYGIEN	E	
	1. OECEOENT'S NAME (First, Middle, Last)		ŲL.	TITIL TOATE	01 02/1111	2. DATE OF DEATH		3. TIME OF DEATH
	Gladys		(	CLEMONS		May 13	3, 1990	5 6:45 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. lest b		1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
	218-62-2108  9e. FACILITY NAME (If not institution, give str		62	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 1/13/28	S W.	VIRGINIA
OBO	Franklin Square				ALTIMORE	EATH		ore County
ត្ត	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		T	10c. CITY, TOWN C	OR LOCATION			10d. INSIDE CITY
. DIRECTOR	MD B	ALTIMORE		_	TIMORE		т	1XXYES 2 NO
FUNERAL	6116 BELAIR RD.				101. ZIP CODE		USA	DE WHAT COUNTRY?
M M	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	)	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 X NO Specif	an, Puarto Rican, atc.)	s	ACE — American Indian, Back, Whita, atc. Specify: VHITE
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of	completed)	(Give	EDENT'S USUAL O e kind of work done to NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUSTR	IY .
7	Elementary/Secondary (0-12)	College (1-4 or S+)		Housew	IFF			
	17. FATHER'S NAME (First, Middle, Last) HIRAM CHAMBEI	RS		11000211	18. MOTHER'S NA	AME (First, Middle, Malder, SPENCER	Surname)	
B	19e, INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tox	vn, State, Zip Code	)
2	H.L. CHAMBERS				TH ST., JACK			
	20s. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	Other place Of Other Place	:0) _	RN CEMETERY		ARLINGTO	107-
	21. SIGNATURE OF FUNERAL SERVICE LICE	- Tellet	4		RKINS F.H.IN		IN ST.,	DELTA, PA.
	23. PART I. Enter the diseases, pr c			th. Do not antai	tha moda of dying, suc	ch as cerdlec or reap	iratory arrest,	Approximate interval Between
	ahock, or heert failura. I			tive Pul	monary Dise	ase		Onsat and Death
_		DUE TO (OR A						
ATIO	Sequentielly liet conditions, if any, laading to immediate cause. Entar UNDERLYING	DUE TO (OR A	S A CONSECU	UENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS	S A CONSEOU	UENCE OF):				
8	PART II. Other significent condition			- Int - In Ab		5-11 Lat 1110 1	T	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Hypertension	e contributing to death	1 out not re	sulang in the u	nderlying cedee given ii	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
N. M								1 YES 2 NO
ĕ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSDITAL.			26. PLACE OF DEATH (C	heck only one)		
ž	1 YES 2 NO	HOSPITAL:	utpetient 3	□ DOA 4 □ Nu	R: rsing Home 5 🗆 Residence	8 Other (Specify)		
	27. MANNER OF DEATH  1 X Netural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea	ty r)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJU- building, stc. (S		ne, farm, street, fac	tory, office	281. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	(Critical Orliny				time, date and place, and du			use(s) and menner ee stated.
BE CO	29b. SIGNATURE AND TITLE DF CERTIFIER				MD 29c. LICENSE NU			NED (Month, Day, Year) / 13,1990
0		,,		7	D3G775			

9000 Franklin Square Dr.

MD.

Peter White

Balto, Md. 21237

1 - STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

23 1990

	Ŀ
	ľ
	١,
-6	
Ψ	
ব	
13146	
ຕ	
$\overline{}$	
BOX	
$\overline{a}$	
$\subseteq$	
•	
-	
д О	
α.	
-	
S	
0	
RECORDS,	
ш.	
Ω.	
$\sim$	
Y	
w.	
m	
7	
⊢	
OF VITAL	
>	
ш.	
$\circ$	
~	
7	
DIVISION	
0	
_	
S	
==	
>	
-	

2. DATE OF DEATH MONTH 5 CARTER PAULINE 4 SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 0 1 - 0 1 - 1 1 DAYS HOURS MIN. 246-70-4734 1 M 2 F 79 permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH DIRECTOR JOHN HOPKINS HOSPITAL BALTIMORE CITY 10c. CITY, TOWN OR LOCATION 10e STATE 10h COUNTY MD BALTIMORE FUNERAL 10e. STREET AND NUMBER 1609 DARLEY AVE. 21213 the funeral director, page 5 should be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 2 I1 yee, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 ₩ Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest gr Elementery/Secondary (0-12) College (1-4 or 5+) N/A HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN COLEY Æ ALICE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 REMATHA CAPLES 1609 DARLEY AVE. / BALTO, MD. 21213 pe 20a. METHOD OF DISPOSITION 28b. PLACE OF DISPOSITION (Name of cemetery, crematory or must CEDAR HILL CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FUNERAL HOME Gladio Warre NORTH AVENUE medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, filled in by shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Arw M MYOGARDIAL IPFARCTION completely resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): executed burial. APPERIOSCIEDATIC CARDIOVASCULAR DISEASE traumatic CERTIFICATION and Sequentially list conditions, anding physician an Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING certificate other t **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events attending resulting in deeth) LAST 0 death c the atten Mental F 23 shows any injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the requires that LARDYIC COPUESTIVE MEART FAILURE 1 TYES 2 NO Chrotic Arran FIBALLIAMON MITRA REGULGITATION has been HYPERTENSION PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) E S this certificate h tem HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 PCDOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) marked, or the 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO L DIRECTOR: After the 2 hours after death w BY 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be ED 4 Homicide E 29e. CERTIFIER

| Description | CERTIFYING | PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. COMPL TO THE HOSPITAL (TO THE FUNERAL C BE filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end piace, and due to the ceuse(e) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 DZUUSY Purman A Scott II, MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LAMO E EAGER ST MAMAN A SCOTT I BARRONE , 10 32. MEGISTHARYS SIGNATURE 31. DATE FILED (Month, Day, Year)

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR 90 8. BIRTHPLACE (State or Foreign N.C. 9c. COUNTY OF OEATH 10d. INSIDE CITY 1 XES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, Whita, etc. Specify: BLACK 186. KIND OF BUSINESS/INDUSTRY 20c. LOCATION — City or Town, State ANNE ARUNDEL CO, MD Approximete Onset and Death SAME DAY 6 TEARS

DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year)

MS

5-18-90

21202

AVAILABLE PRIOR TO COMPLETION OF CAUSE

after death. Page 6 may be retained by the hospital or attending physician.

8	E3		
Pos	300		8
the	det		6
6	2		H
pa	200		Pa
ntain	Sho		=
e re	(C)		9
ay b	53		å
E	35		nst
9 9	55		Ē
Pag	15		ner
T.	65		Ē
dea	22		еха
fter	fi it	OVE	0
49	à	Leu	음
, ii	P	5	Ē
ž.	fille	ou.	he
1	rtehy	Hate	1, 1
W	nple :	Cre	Ven
nted	103	0	9
Xec	and	70	te
90	UP	200	THE .
nte i	ysic	6	F
tifica	by .	eue	the
cen	ding	Ř	101
ath	tten	ie i	0 ,
de	e a	Ver	u
5	by th	90	=
that	o pe	ğ	any
Ses	agne	ear	92
Onin	S UE	E	PON
N re	Dee	H. C	20
60	has	200	1 23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospits	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Hearth and Merital Hyglene prior to build, cremation, or removal,	IMPORTANT, If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IAN:	tific	2	10
Sic	cer	=	d, c
PHY	this	ž	rke
NG.	ther	ath	E
NON	F. A	r de	.00
H	5	affe	58
R	REC	SIN	E
07	0	8	1
PITA	R	7 1	1
100	UNE	A CAR	AN
T H	IE F	× Di	TH
T	上	i file	APC.
5	F	8	5

STATE OF	MARYLAND	/ DEPARTM	ENT OF	HEALTH	AND	MENTAL	HYGIENE
		ERTIFICA	TE OF	E DEAT	H		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MAI		RIMENT OF H		MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, L	<sup>est)</sup> An	ın	Drussel	1	2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH  2: 45 PM	
4. SOCIAL SECURITY NUMBER 378-46-3567	1 🗌 M 2 💢 F	AGE (In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Dec. 17 18	97 C	anada	
Deaton Medic	al Center		96. CITY, TOWN	Baltimo		9c. COUNTY OF E	EATH	
Maryland B.		10c. CIT	Cockey:	sville		0.4145	10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
305 Wickersham				21030		10g. CITIZEN OF 1		
3 X Widowed 4 ☐ Divorced	12. WAS DECEDENT EX FORCES? 1 IT IF YES, GIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yes or n, Puerto Rican, etc.) y:	Blac	E — American Indian, k, White, atc. #y: White	
15. DECEDENT'S (Specify only highest to the second of the		(Give kind of life. Do NOT u	usual occupati work done during me se retired.)	ON est of working	16b. KIND OF BUSIN			
	)	1100	Sewile		Homema ME (First, Middle, Maiden Su  Rettinger			
190. INFORMANT'S NAME (Type/Print) Wm. E. Drusse	II, Jr.			and Number or Rural	Route Number, City or Town. , Cockeysv		L. 21030	
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify) 21. SIGN TURN OF PURPLE A C	chistample	Place of dispondence of pispondence of piscondence	Cemete 22. NAME A Lemr	ery  ND ADDRESS OF FA	Park	ville, M		
23. PART I. Enter the diseases, shock, or heart fell IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	ure. List only one ceuse	on each line.	not enter the mo	de of dying, suc	h es cerdiec or reepire		Approximate Interval Betwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. ———————————————————————————————————								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent cond  25. WAS CASE REFERRED TO MEDIC. EXAMINER?  1 YES 2 JANO  27. MANNER OF DEATH	enof war	ath but not resulting	in the underlying	g ceuse given in		ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO	HOSPIAL: OTHER:							
27. MANNER OF OEATH  1 Natural 5 Pending Accident Investigat		Year) IN	M 1	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW INJ	JURY OCCUREO		
O Cutatata	building, etc.	NJURY — At home, farm, . (Specify)	street, factory, offi	:•	281. LOCATION (Street am City or Town, State)	d Number or Rural	Route Number,	
cool oray	PHYSICIAN: To the best of my MINER: On the basis of exam						e) end manner as stated,	
296. SIGNATURE AND TOTLE OF CER	en MA.			29c. LICENSE NU D-224	MBER GOG	29d. DATE SIGNE	20/90	
30. NAME AND ADDRESS OF PERSON	REIDER			5 FURA	ACE BRA	NCH Rd	Clan Breine	
31 DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					Md 21061	

"Suri se

71.00

\_\_\_

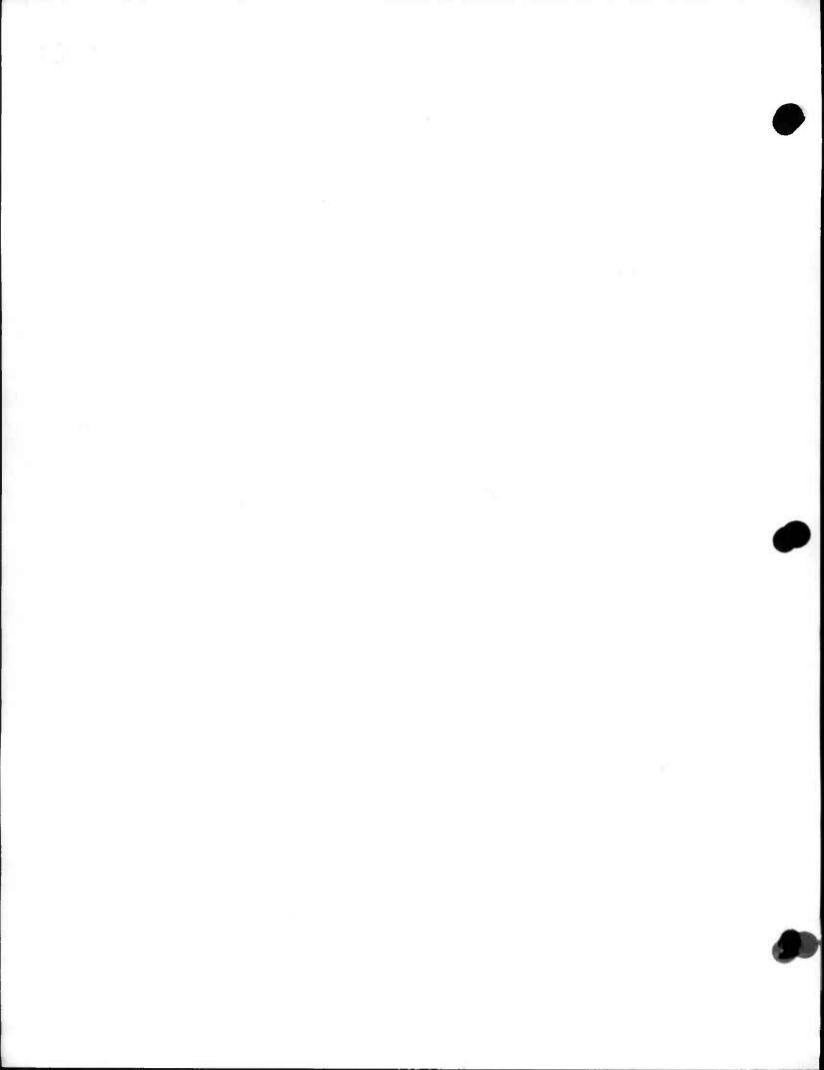
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remova.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumati

TO BE COMPLETED BY FUNERAL DIRECTOR

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)  Yvette M. Duncan  4. SOCIAL SECURITY NUMBER 233-12-6236  1					
4. SOCIAL SECURITY NUMBER 23 3 - 12 - 6236  5. SEX 3 - 12 - 6236  1					
4. SOCIAL SECURITY NUMBER 233-12-6236  1					
233-12-6236  1					
Salt					
The state   The					
10a. STATE    10b. COUNTY   10b. COUNTY   10b. COUNTY   10b. CITY, TOWN OR LOCATION   10d. INSIDE CITY   1					
Maryland   BALTIMORE   1   YES 2   NO					
11. MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. ARMED   15. Never Married 2   Merried 3   Wildowed 4   Divorced   15. DECEDENT'S EDUCATION   (Specify only highest grade completed)   White					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, etc. Specify: White White of Yes, specify: White White or Yes, Specify: White or Yes, Specify: White White or Yes, Specify: White					
1   Never Married   2   Merried   3   Wildowed   4   Divorced   FORCES?   1   YES   2   NO   NO   1   YES   2   NO   NO   NO   NO   NO   NO   NO					
Never Married   2   Merried   Merried   IF YES, GIVE WAR OR DATES   1   YES 2   NO   Specify: White   Spec					
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 8th grade  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Waitress  16b. KIND OF BUSINESS/INDUSTRY  Hutzler's Tea Room  17. FATHER'S NAME (First, Middle, Last) George Pronovost  18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Josephine Unknown  19a. INFORMANT'S NAME (Type/Print) Richard S. Duncan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10216 Arrvest Fields Dr. Woodstock, MD 21163  20a. METHOD OF DISPOSITION 1036 Plancy of Disposition (Name of cemetery, crematory or other place)					
(Give and of work and or during most of working like. Do NOT use retired.)  8th grade  17. FATHER'S NAME (First, Middle, Lest)  George Pronovost  18a. INFORMANT'S NAME (Nype/Print)  Richard S. Duncan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  10215 Harvest Fields Dr. Woodstock, MD 21163  20b. PLACE OF DISPOSITION (Name of cornetery, crematory or other place)					
8th grade Waitress Hutzler's Tea Room  17. FATHER'S NAME (First, Middle, Last) George Pronovost  19a. INFORMANT'S NAME (Type/Frint) Richard S. Duncan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10215 Harvest Fields Dr. Woodstock, MD 21163  20a. METHOD OF DISPOSITION 10 Cremation 3   Removed from State 10 Cremation 3   Removed from State 10 Code (Street and Number or Rural Route Number, City or Town, State 10 Code (Street and Number or Rural Route Number, City or Town, State 10 Code (Street and Number or Rural Route Number, City or Town, State) 10 Code (Street and Number or Rural Route Number, City or Town, State) 20c. LOCATION — City or Town, State					
17. FATHER'S NAME (First, Middle, Last) George Pronovost Josephine Unknown  19a. INFORMANT'S NAME (Type/Print) Richard S. Duncan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  10215 Harvest Fields Dr. Woodstock, MD 21163  20a. METHOD OF DISPOSITION 10 Cremation 3   Bamoval from State other place)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place)					
George Pronovost  19a. INFORMANT'S NAME (Type/Print)  Richard S. Duncan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  10215 Harvest Fields Dr. Woodstock, MD 21163  20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometary, crematory or other place)  20c. LOCATION — City or Town, State					
19a. INFORMANT'S NAME (Type/Print)  Richard S. Duncan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  10215 Harvest Fields Dr. Woodstock, MD 21163  20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  20c. LOCATION — City or Town, State other place)					
Richard S. Duncan  10215 Harvest Fields Dr. Woodstock, MD 21163  20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometary, crematory or other place) 20c. LOCATION — City or Town, State					
20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State other place)					
1 NBurial 2 Cremation 3 Removal from State other place)					
4 Donation 5 Other (Specify) Lorraine Park Cemetery Woodlawn, Maryland					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 22. NAME AND ADDRESS OF FACILITY					
Hubbard Funeral Home, Inc.					
23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac pr reapiratory arrest, Approximate					
shock, or heart feliure. List only one cause on each line.					
IMMEDIATE CAUSE (Finel disease or condition Parolis Remarks Asset .					
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  e. Causin Remarking and the condition of the consequence of:  Due to (or as a consequence of:  Sequentially list conditions, Consequence of the consequence o					
- Phanie Confinitive Pulsuonous Disease Westocs					
If any, leading to immediate cause. Enter UNDERLYING					
CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):					
resulting in death) LAST					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS					
Configuration of Cause of Death?					
1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:					
1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER-OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED					
(Month, Day, Year) INJURY WORK?					
2 Accident Investigation					
"   1   1E3 2   NO					
2 Accident Investigation 3 Suicide 6 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
2 Accident 3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  29e. CERTIFIER (Check only)  1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.					
2 Accident 3 Suicide 4 Homicide 5 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office 5 Unicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office 5 Unicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, Stele)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)  28e. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, Stele)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)					
2 Accident 3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  29e. CERTIFIER (Check only)  1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.					
2   Accident 3   Suicide 4   Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.  29e. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)					
2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.					



	deat	e fu	exar
D	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function of the fun	be fined writin 12 industries dealt with the case copy, or regular many industry, or other traumatic event, the medical examination of the medical example.
	OULS	d in b	ned
	24 h	filled	he
_	thin	ettelly	Ä,
2	» pa	dmo	eve
2	cecut	and c	atic
<	De B	lan a	mne
	cate	mysic price	7
	ertifi	d Bu	oth
	ath c	tendi	0
DIVISION OF VITAL RECORDS, F.O. BOA 13140,	e de	the at	Jury,
ڎ	at th	Dy th	y in
5	s th	ned	an
	quire	A He	30W
C	W re	opq s	3 8
K	The la	e has	II 2
	N. J	ficat	Te le
	SICI	Cert	0,0
5	PH	this week	arke
	DING	Afte	S II
ח	TEN	10H	28 i
>	A H	IREC	E .
ב	AL C	A	11 16
	SPIT (	INER	N.
	E HC	E 2	RTA
	TH 0	上の	MPO
	F	F 4	0 =

OIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	thith. Page 6 may be retained by the hospital or attending physician.  neral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should miner must be notified at once.	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachen hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Costs Open of Marsis Humisos prior to hurist premation or removal	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be created for use as the burial-transit permit. Pages 1, 2, 3 should be created thousand price to burial premation or remarks	miner must be notified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical or Item 29 shows any injury, or other traumatic event, the medical or ETFD BY PHYSICIAN: MEDICAL CERTIFICATION
	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should		th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
ires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.			

	1 - FOR STATE OF STAT	MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	KEGINALD POUL  4. SOCIAL SECURITY NUMBER  5. SEX	6. AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign
	212-05-3615 1 DM 20		ONTHS DAYS HOURS MIN.	(Month, Day, Year)	C	country)
	9a, FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	Good Samaritan Hospital		Baltimore			
逼	10e. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
8	M > XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KATE 151	1271 MORE			1 X YES 2 NO
FUNERAL	2809 LOUISE A	16	101. ZIP CODE 2/2/4	/	10g. CITIZEN	OF WHAT COUNTRY?
BY FUR	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. AGMED  1 YES 2 NO 'E WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specif	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	I SINESS/INDUST	
Ē	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	r 5+)	k done during most of working etired.)			
COMPLETED	12	Salesman			Cothing	
	17. FATHER'S NAME (First, Middle, Lest)  John Wesley Downey			Ellen Hyns	,	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	DDRESS (Street and Number or Rural			(e)
임	Kenneth W. Downey	2809 1	Louise Ave., Bo	eltimore, M	D 212	14
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITI	ION (Name of cemetery, crematory or		cation — chy	100 (C. 10)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ulis	22. NAME AND ADDRESS OF F. ROBERT C. ALT 6009 Harford	ENBURG FUN	IERAL H	OME, INC.
	23. PART i. Enter the diseases, or complications ahock, or heartfallure. List only one IMMEDIATE CAUSE (Final disease or condition a	that caused the death. Do not cause on each line.  MOR RAACE TO (OR AS A CONSEQUENCE OF):	anter tha moda of dying, suc			
ATION	Sequentially list conditions, if any, leading to immediate	TO (OR AS A CONSEQUENCE OF):	Cer			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d						
	PART ii. Other significant conditions contributing	to double but not moulding in	the underlying cause glyen in	Part I. 24a, WAS AN	Almosev	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Cordionegoly, Genera	exphroaterings	siterio sileus 17	PERFOI	PMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ä						
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	:	26. PLACE OF DEATH (C			
HYS	27, MANNER OF DEATH 28a. DAT	E OF INJURY 28b. TIME (		8 U Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	th, Day, Year) INJUR	WORK?  M 1 WES 2 NO			
	3 Suickie 28e. PLA	CE OF INJURY — At home, farm, streiling, etc. (Specify)	eet, factory, office	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the be	st of my knowledge, death occurred of examination and/or investigation,				suse(a) and menner as stated,
띪	29b. SIGNATURE AND TITLE OF CERTIFIER  M. A. Haulon	P64 I	29c. LICENSE NU	IMBER	29d. DATE SI	GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED  M. A. HANLON	CAUSE OF DEATH (ITEM 27) (Type, Pi	SAMARITA	N Hos	PIDAZ	
	MAY 23 1990 Julia David	STRAR'S GNATUM				

3. TIME OF DEATH

545

**DHMH-16 Rev 1/89** 

YEAR

REG. NO

2. OATE OF DEATH

FOR

1

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ESPAN

_	
Ď,	savebair
P.O. BOX 13146,	hatte
	dyna dy
Ŝ	hatte h
	Done in
2	dand
Š	oppo
OH	o dhad
ZEC.	- consisted
AL	The lease
	A BIL 7
DIVISION OF VITAL RECORDS,	America of extremely marketing that The law considers the decel profit and the second in their
O	CHICH
<u>S</u>	- Carrie
5	0
	O DITTO

MONTH -20 A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN 578-26-5834 1 M 2 F 66 2/24/24 DCPages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR leland memorial hosp. Riverdale P.G. RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md PGBladensburg 1 TYES 2 NO permit 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4215 58th Ave use as the burial-transit 20710 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify. 8 3 Widowed 4 Divorced Black ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life, Do NOT use retired.) 100 Elementary/Secondary (0-12) 11 Yrs College (1-4 or 5+) COMPL None HOusewife director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) Charley Gaines Ħ Octavia B Hill BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS /Street and Number or Rural Route Number. City or Town. State. Zin Code) 2 Sylvester Despanza Jr Pe 20e. METROD OF DISPOSITION

1 Dispuries 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must Harmony Memoral Cemerty landover, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSI 22. NAME AND ADDRESS OF FACILITY John T Rhines Co., Inc the funeral 3015 12th ST NE, DC 20017 m 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock of heart failure. List only one cause on each line. medical filled in by Approximate heart failure. List only one cause on each line. intervai Between 6 Onset end Death **IMMEDIATE CAUSE (Finel** the cremation, diseese or condition\_ npletely ! avalonis resulting in death) event, DUE TO (OR AS A CONSEQU and com traumatic CERTIFICATION Sequentially list conditiona, ON AS A GONSEQUENCE OF inding physician a Hygiene prior to 9 If any, leading to immediate cause. Enter UNDERLYING ongestive CAUSE (Disease or injury other (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 0 signed by the atten Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO has been a Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate hi with the State [ Item EXAMINER? HOSPITAL . OTHER: 1 fnpstient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 5 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 XMiturel 5 Pending Investigation М 1 YES 2 NO After ti BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building. atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 80 6 Could not be DIRECTOR. A COMPLETED 28 4 Homicide Hem 8 1 CERTIFYING FILLIAMAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE FUNERAL ( IMPORTANT: II EXAMINER: On the basis of examination angler investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and man 250. SCHATURE AND TITLE OF CERTIFIER BE Day. den 228 2 20 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 319 20 aylleura anover 20 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson-Randall 23

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

AINE

	ō	5	
	E .	, ,	
	So	e e	
	9	eta	
	5	9 +	
	2	9 7	
	Je	100	
	reta	S	
	8	8	
	ag.	2	
	E	0	
	9	26	
	a a	9	
	ŧ.	190	
	dea	2	
	fter	E &	
	30	P = 5	
۱	P	0 5	
	4	File	
•	C	ath.	
	Mith	plet	
	8	E .	
	5	d co	
	exe	to p	
	2	clar	1
	ate	political.	
	tife	e p	4
	Se	A din	
	ath	tal	
-	9	Aem A	
	幸	d b	
	hat	30	
	as t	att	
	N.	E S	
,	9	0 0	
	No.	as t	
	Pe	e a	
	Z	Sta	
•	SA	the	
	25	SE	
•	4	5 3	
	ING	Afte	
-	S	H.	
)	E	S #	
	RA	FE FIS	
	: HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or fended.	
	AT.	A C	
	OSF	THI	
	Ŧ	IN	

		50 14031
	1	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	ì	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 5-20-90 M
		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  7. DATE OF BIRTH  (Month, Day, Year)  8. BIRTHPLACE (State or Foreign Country)  8. BIRTHPLACE (State or Foreign Country)  9. AGE (In yrs. last birthday)  1. M 2. F. MONTHS  1. MONTHS  1. MONTHS  MONTHS
3 should	NO.	90. FACILITY NAME (If not institution, give street and number)  90. EASTERN AVE  90. CERY TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  91. CERY TOWN OR LOCATION OF DEATH  92. COUNTY OF DEATH  93. CERY TOWN OR LOCATION OF DEATH  94. CERY TOWN OR LOCATION OF DEATH  95. COUNTY OF DEATH
Pages 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?  1 MYES 2 NO
it permit.		100. STREET AND NUMBER (200 N. LUZEVNE AVE. 21205  109. CITIZEN OF WHAT COUNTRY?  21205
prystuan; burial-transit permit, Pages	Y FUNERAL	11. MARITAL STATUS  11. MARITAL STATUS  11. Never Merried 2 Merried  12. WAS DECEDENT EVER IN U.S. Apilleo FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Orben, Mexican, Puerto Rican, etc.)  14. RACE — American Indien, Black, White, etc.  Specify:  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Orben, Mexican, Puerto Rican, etc.)  16. Yes 2 No Specify:  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Orben, Mexican, Puerto Rican, etc.)
use as the	ETED BY	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  16a. OECEOENT'S USUAL OCCUPATION (Give hind of work done during most of virting most of virting life, Do, NOT use retired,)
detached for u	COMPLE	Elementary/Secondary (0-12)  College (1-4 or 5+)  UNEM Ploy Ed  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
	BE CC	BI SCOTT  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Toyrn, State, Zip Code)  2/205
98 5	2	CORA FERONSON 2734 E. Chase St./Balto. MO.  206. METHOD OF DISPOSITION (Namy of cometory, cremetory or 20c. LOCATION — City or Town, State
e o m rector, mus		1 Suriei 2 Cremation 3 Removed from State 4 Donetion 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FAMILITY  23. NAME AND ADDRESS OF FAMILITY  24. NAME AND ADDRESS OF FAMILITY
oeam. re funeral al.		Ilalie wared 1101 E. North avenue 21202
ed in by or rem		23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final
within npletely cremal vent,		resulting in deeth)  out TO (OR AS A CONSEQUENCE OF):
and and	ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING
2 4 B O	RTIFICATION	CAUSE (Disease or injury that Initiated evente resulting in death) LAST
that the death led by the atte th and Mental any injury,	AL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNKEAL DIRECTOR; After this certificate has been signed by the atten be filed within 72 hours after death with the State Dept. of Health and Mental Hower Company, to the property of Health and Mental Hower State Dept. of Health and Mental Hower State Dept. of Health and Mental Hower, to the Mental Health State Mental Health and Mental Hower, the Medical Mental Health State Mental Health and Mental Health State Mental Healt	: MEDICAL	1 YES 2 NO OF DEATHY 1 YES 2 NO
v: The law cate has be state Dept. item 23 :	A	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 VES 2 NO  1 Inpattent 2 ER/Outpettent 3 DOA  Was case Referreo to Medical  26. PLACE OF OEATH (Check only one)  OTHER:  Nursing Home 5 Residence 8 Other (Specify)
ing PHYSICIAN filter this certiff eath with the  marked, or	≥	27. MANNER OF OEATH  28a. DATE OF INJURY  1 Natural 5 Pending investigation investigation
L OR ATTENDING P DIRECTOR: After thours after death them 28 is mar	ED	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, Stafe)
PITAL OR A RAL DIREC 7 72 hours	APLE	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(e) and manner as stated.  (Check only one)  2  MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 important: if i	BE	296. BIONATURE AND TITLE OF CENTEUM  RICHARD BENNETHD DZ8461  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  5 - 21 90
5 5 8 5	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAY 23 1990

32. REGISTRAR'S SIGNATURE

	y the hosp	be detache	at once.
	e retained	e 5 should	notified
	је 6 тау б	rector, pag	must be
	death. Pag	e funeral d	examine
	hours after	ed in by th	medicai
	in 24	ety fille	, the
	ed with	ompleti al, crem	event
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted and within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	ertificat	ing phy	other
	ath c	tal H	, or
0	the d	y the	를
	s that	ned b	any
	require	been sig	shows
	he law	e has	ш 23
	IAN: I	rtificati	or ite
	NG PHYSIC	fter this cer	marked,
	END	DR: A	2
	H ALL	INECT.	em 2
)	TALC	ALD 72 h	=
	HOSPI	UNER	ANT
	THE P	THE F	MPORT
	-	p £	_

1 .	FOR STATE REGISTRAR		STATE OF I	MARYLA		EPARTI					MENT		GIEN G. NO.	E				
-	ECEDENT'S HAME (First,	Middle, Last)									2. DAT	E OF DE	ATH DA		YEAR	3. TIME	OF OEATN	4
i	Bernice	0	live	Dow	ell						5	-	20		90	7:1	.5	aM
4. SC	17-14-74		5. SEX	8. AGE (In	yrs. last b		ONTHS C	_	IF UNDER 2	4 NRS.	(Moi	E OF BIF	Year)	2	8. BIRTI	ry)	itate or For	
	9a. FACILITY HAME (II not institution, give street and number) 602 South Chapelgate Lane								LOCATION		EATN	, = .	,, =		OUNTY OF C		1151	
RES	SIDENCE OF DEC		CIGGC	Dane	-			Dar	CIMI	OLE								
	104. STATE 10b. COUHTY					10c. CITY, 1	own or									LIN	IDE CITY	NO
	STREET AND HUMBER					Do			CIP CODE					10g. C	ITIZEN OF	WHAT CO	JNTRY?	
4	602 Sout	n Cha	nelgate	Tar	10					212	20			1200	US	A		
11. M	602 South Chapelgate Lar  11. Marital status  1    Hever Merried   1			U.S. ARME		If y	es, spec	NDENT OF	HISPAH Mexica	HIC ORIG	iH? (Spe o Ricen,	etc.)	or Ho—	14. RAC	E — Amer k, White,	icen Indie	n,	
	IF YES, GIVE WAR OR DAT						41	ж <sup>но</sup>	Specify			10.00		wh	ite			
17. F/		EDEHT'S EDU highest grade -12)			(Give	kind of wor to NOT use i	k done dur				10	6b. KIND	OF BU	SINESS/I	INDUSTRY			
		unkn	own		ho	mema	ker					C	own	ho	me			
17. F/	FATNER'S NAME (First, M	iddle, Last)							16. MOTH	ER'S NA	ME (First							
100	James Henry Lee Elsie Abernathy																	
194.	INFORMANT'S HAME (7					MAILING A												
1	Thomas Dowell Rt. 2 Box 321 L/Harpers Ferry, W. VA 2542 200. METHOD OF DISPOSITION 200. DISPOSITION Commencer, crematory or 200. LOCATION — City or Town, State																	
	1 Buriel 2 12 Cremetion 3 Removal from State other place)																	
	Donetion 5 Other		AFNORF.		Gre	enmo	unt	Cr	ema:	tor	У		B	alt	imor	0,	MD	
21. 8	SIGNATURE OF AURERA	SERVICE		A_			St	er.	ling	-As	sht	on,	Æu!	ner	al H	ome	, PA	
23.	PART I. Enter the d	seases, pr	complications th	et caused	the deet	th. Do not											pproxima	
			Liat only one ca							1	_						tarval Ba	
dis	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) a. CONGESTIVE HEART FAILURE																	
real	uiting in deeth)		a. DUE TO	(OR-AS A	CONSEQU	IEHCE OF:							0 1			+		
	Sequentially llat conditions, If any, leading to immediate  ACUTE CORONARY IN SUFFICIENCY  DUE TO (OR AS A CONSEQUENCE OF):																	
cau	use. Entar UNDERLY	ING	C.					•										
that	USE (Disease or injust initiated events		DUE TO	OR AS A	CONSEQU	ENCE OF):												
rea	oulting in death) LAS	T (	d													-		
. II DAI	RT II. Other significa	nt condition	ns contributing to	daeth bu	ut not re	sulting in	the und	erlying	cause g	lven in	Pert I.	24a.	WAS AF	AUTOPS	SY 24		UTOPSY FI	
- 1	CHRON	10 8	)bstru	CTT	n6	60/2	000	<b>BUS</b>	10	150	ASC	4 10	YES :	NO NO		OF DEA	ETION OF C TH?	AUSE
									4							1 🗌 Y	S 2 🗌 I	10
	WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				THEO.	26. PL/	CE OF DE	ATN (C)	heck only	one)						
<u> </u>	1 YES 2 NO		1 Inpatient 2	☐ ER/Outpi	atient 3		OTHER:	ng Nome	5 Rec	eldence	s 🗆 o	ther (Spe	ctfy)					
27. 1	MANHER OF DEATH		28a, DATE C (Month,	F INJURY Day, Year)		28b, TIME INJU	RY	8c. INJU WOR	IK?		28d. (	DEŞCRIB	E NOW	INJURY	OCCURED			
2	Haturel 5 Accident	Pending Investigation					М	1 🗌 Y	ES 2 _	NO NO								
	Suicide S Nomicide	Could not be determined	28e. PLACE building	OF INJURY J. etc. (Speci	— Al hom	e, farm, atr	eet, lector	ry, office				OCATION Ity or Tox			ber or Rura	Route Nu	mber,	
													_					
290.	CONSCR DAILY		ICIAN: To the beat													4-2		
3	2 med		ER: On the basis of	examination	end/or In	vestigation.	in my op	inion, de	ath occur	ed at the	e time, d	ate end	place, e	na due t	the cause	(e) end m	enner as s	rated.
J 29b.	SIGNATURE AND TITLE	OF CERTIFIE	A.	9	1	1			29c. LICE	NSE NU	MBER	20		29d. I	DATE SIGNE	D (Mouth,	Day, Year)	

32. REGISTRAR'S SIGNATURE

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR OTHER OF MADVIAND / DEPARTMENT OF DEALTH AND MENTAL LIVOLENE

	1 - STATE STATE OF MA		CATE OF		REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	DOROTHEA E.	ELLIS			MONTH 15	1990	M.			
		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	32m 33 6735 10H2XF	TIL YRS.	MONTHS DAYS	HOURE MIN.	APRIL 21 19	الله المالة	ONA NO			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OF	LOCATION OF DE		9c. COUNTY OF	DEATH			
Œ	ST-JOSEPH HOSPITAL		Tour	262		RAIT	7900			
6	RESIDENCE OF DECEDENT		low	2011		SHAI	IINX			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATI	ON			10d, INSIDE CITY LIMITS?			
ā	MARNAND BALT MORE	THERY	2Ui			1 TYES 2 NO				
AL	10e. STREET AND NUMBER	Do. STREET AND NUMBER					WHAT COUNTRY?			
EB	1417 IENBURY KOAD	)	3	EPO14		0.3	S. A.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1				IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No— 14. RA	CE — American Indian, ick, White, atc.			
ВУ Б	1 ☐ Never Married 2 ☐ Married   FORCES? 1 ☐   STATE		1 TYES			Spi	ecity:			
						100	HIIZ			
TEI	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mos		16b. KIND OF BUS	BINESS/INDUSTRY				
Ä	Elamentary/Secondary (0-12) College (1-4 or 5+)	OT.	Hame							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		LIGIT.	40 MOTHERIO NA	ME (First, Middle, Maiden	Cumana)				
		2.0		C   \	A Ball	1000				
BE	LRVIN HUDGII		ADDRESS (Street or	of Mumber or Burel	Route Number, City or Town	n State Zin Code)				
2	FOMILY RECORDS	5.0	money como	00 21		n, state, zip soooy				
	20a, METHOD OF DISPOSITION	20b. PLACE OF DISPOSI	TION (Name of com	etery cremetory or	20c. LO	CATION — City or	Town, State			
	1 Burial 2 Cremation 3 Removal from State 4 Donalion 5 Other (Specify)	g(her place)	ΔιιιΔ	Pem =	CRV (1)	2/120	and ma			
	21. SIGNACUBE OF FUNERAL SERVICE LICENSEE	I W JOSEK	22. NAME AN	D ADDRESS OF FA	CILITY	22001				
	1 26 0/1			SCHAI	bit or c	411.05				
_	Livery To Chang !		232		- CAOSI		nin			
	23. PART I. Enter the diseases, or complications that c shock, or heart failure. List only one cause	on each line.			n as cardiac or reap	iratory arreat,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Caudiogenie Shock  5 days									
	resulting in death)  Due TO (OR AS A CONSEQUENCE OF):									
	DUE TO (OR AS A CONSEQUENCE OF):  Several like the several like as a consequence of the several like the sev									
O	Sequentially list conditions, Due to (or as a consequence of):									
ATI	If any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or Injury & C.	A AS A CONSEQUENCE OF	);							
CERTIFICATION	reaulting in death) LAST									
CE										
AL	PART II. Other aignificant conditions contributing to de	eath but not resulting in	n the underlying	g cause given in	Part I. 24a. WAS AN PERFOI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
20					1 _ YES 2	NO	COMPLETION OF CAUSE DF DEATH?			
ME							1 YES 2 NO			
ä										
PHYSICIAN: MEDICAL	25, WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL OTHER:	ACE OF DEATH (C)	eck only one)					
YSI		Pl/Outpetlent 3 DOA	4 - Nursing Hom		8 Other (Specify)					
H	27. MANNER OF DEATH 28a. DATE OF IN (Month, Day)	JURY 28b. TIME Year) INJI	URY WO	RK?	28d. DESCRIBE HOW	INJURY OCCURED				
BY	2 Accident Investigation	NINEW Albert for			28f. LOCATION (Street	and Mumber or Du	al Bouts Mumber			
ED	3 Suicide 8 Could not be building, et	NJURY — Al home, farm, s :. (Specify)	ereet, rectory, onic		City or Town, State	)	al Noble Nation,			
ET					<u> </u>					
COMPLET	29a. CERTIFIER (Check only 000)									
Ö	2 MEDICAL EXAMINER: On the basis of axes	nination and/or investigation	n, in my opinion, d	eath occured at the	time, data and place, a	nd due to the caus	se(a) and manner as stated.			
BE C	296. SIGNATURE AND TITCE-OF CERTIFIER	4.1		29c. LICENSE NU		29d, DATE SIGN	IED (Month, Day, Year)			
	1 Stack	MO		D 250	-57	1110	OPP1 21 Y			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)							
	DAVID S-BERLINS	R		-						
	MAY 23 199 (Month Day Year)	S SIGNATURE								

288 11 10 0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a finure after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	Ή		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				MENTAL	HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle 'est,  Lawren	ce Elligs					2. DATE O	F DEATH	7 6	YEAR	3. TIME OF DEATH 7:23 P M	
	4. SOCIAL SECURITY NUMBER 5. 212-05-6810	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Q - 17 - 0 2 Max								ryland		
TOR	99. FACILITY NAME (If not institution, give street  Carroll Co. Gene  RESIDENCE OF DECEDENT	nster	EATH		Car:	rol]						
DIRECTOR	Maryland Carro	11	ATION 10d					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	4215 Alesia Ro					109. CITIZEN OF WHAT COUNTRY? U.S.A.						
ВХ	11. MARITAL STATUS 12. 1	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ZYNO	11	yes, spe	ENDENT OF HISPAN belty Cuben, Mexica 2 NO Specify	n, Puerto Ri		or No—	14. RACE Black Specif	, American Indian, , White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication (0-12) 8		16a. DECEDENT'S (Give kind of life. Do NOT u	work done one retired.)	luring mo			Tool Manufacture				
BE CON	17. FATHER'S NAME (First, Middle, Lest) William Phillip	Elligsor	1			18. MOTHER'S NA Barbar						
TO B	190. INFORMANT'S NAME (Type/Print) Daniel M. Ellig	W										
	20c. METHOD OF DISPOSITION  1 X Burla! 2 Cremation 3 Removal from State  20c. LOCATION — City or Town, State  york: place)  Middletown Cemetery.  21. SIGNAL URL OF DISPOSITION (Name of cemetery, crematory or york: place)  Middletown Cemetery  1 22. NAME AND ADDRESS OF FACILITY											
	J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA17349											
	23. PART I. Enter the diseases, or complook, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		ch line.					ec or resp	iratory arr	est,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CE	PART II. Other algoriticent conditions of	ontributing to death b	at not resulting	in the un	dariyin	g cause given in		24a. WAS AN PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ICIAN		OSPITAL:	V	ОТНЕ	₹:	ACE OF DEATH (Ch						
BY PHYS	1	Inpetient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)	28b. TII		26c. IN.	URY AT PRES 2 NO		(Specify) CRIBE HOW	INJURY OC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building etc. (Spacify)								or Aural I	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowl On the basis of examination									a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  Michael Region  30. NAME AND ADDRESS OF PERSON WHO C	& Bem & COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		H3688			29d. DAT	E SIGNED	(Month, Day, Year)	
	31. DATE FILED (MONTY DOV. 1007) 1990	32. BEGISTRAR'S SIGN	ATURE Jande	L)								



00 14.035

ALCOHOL TO THE RESIDENCE OF THE PARTY OF THE

x 2

ASSESSED TO THE RESIDENCE OF THE PARTY OF TH

th certificate t	rtificate has be	be filed within 72 hours after death with the State Dept. or Heatth and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
JAN: The law requires that the death certificate t	rtificate has been signed by the attending physici	1.72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlal. cremation, or removal.	If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CF	RTIFIC	CATE OI	DEATH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		VEAR	3. TIME OF DEATN	
	MELVIN L. FLE	TCHER				MONTH	18	90	1129/4"	
	4. SOCIAL SECURITY NUMBER	6. AGE (in yrs. last	t birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE/OF B		8. BIRTN	PLACE (State or Foreign	
	218 10 1760 V	SF 17/	YRS.	ONTHS DAYS	HOURS MIN.	MA	Tia	Country		
- 8	9a. FACILITY NAME (If not institution, give street and numb	per)	3	b. CITY, TOWN	OR LOCATION OF DE	ATN	9c. C	OUNTY OF D	EATN	
TOR	Stella Maris Hospice			Tows	on, MD		F	Baltim	ore	
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY	
E	Maryland Baltimor	10	Hillendale					- 1	LIMITS?	
_	10e. STREET AND NUMBER			IOI. ZIP CODE		10g.	HAT COUNTRY?			
FUNERAL DIRECTOR	1368 Kenton Rd.				2123		USA			
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 WIND FORCES? 1 FYES, GIVE WAR OR DATES			If yes,	ECENDENT OF NISPAN specify Cuban, Maxica ES 2 X NO Specify	n, Puerto Rican		Black	14. RACE — American Indian, Black, Whita, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			SUAL OCCUPA	TION most of working	18b, KINI	D OF BUSINESS	/INDUSTRY		
ET.	Elementary/Secondary (0-12) College (1-	life.	Do NOT use	retired.)	nose of working					
APL	9	P	ainte	て		Bal	timore	Gas &	Electric	
O	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NA	ME (First, Middle	, Malden Surnam	10)		
ш	Hunter Melvin Fletche	ア			Edna P	earl D	onahue			
03	19a. INFORMANT'S NAME (Type/Print)	196	b. MAILING A	DDRESS (Street	t and Number or Rural	Route Number, C	ity or Town, State,	, Zip Code)		
5	Ida M. Fletcher		1368	Kenton	Rd., Bal	timore	, MD 2	1234		
	20a. METHOD OF DISPOSITION	20b, PLACE	OF DISPOSIT		cemetery, cremetory or		20c. LOCATION	I — City or To	wn, Stata	
	1   Surial 2 □ Cremation 3 □ Removal from St 4 □ Donation 5 □ Other (Specify)	ate Gar		of Fai	th		Overl	Lea. Mi	0	
	21. SIGNATURE OF FUNEDAL SERVICE LICENSEE			22. NAME	AND ADDRESS OF FA			7-11		
	De Henry /101	. 🗽			RT C. ALT					
-	23. PART I. Enter the disers, or complication	- has	oth Do on		Harkord				21214 Approximate	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LOUIS OF AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
DICAL	PART II. Other significent conditions contribu	ling to death but not	resulting in	the underly	ing cause given in		YES 2 NO		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: ME						—			1 TYES 2 NO	
N.	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C)	hank note 1				
2	EXAMINER? HOSPIT			OTHER:			TIO			
XS		ent 2 ER/Outpatient 3	-		ome 5 Residence			spice		
T.		North, Day, Year)	28b. TIME INJU	RY	INJURY AT WORK?	28d. DESCRIP	BE HOW INJURY	OCCUMED		
BY	2 Accident Investigation				YES 2 NO					
6	3 Suicide 6 Could not be 4 Homicide detarmined	ome, farm, st	reet, factory, o	ffice		N (Street and Nur own, State)	mber or Rural	Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the be								s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	4			29c. LICENSE NU		29d.	DATE SIGNE	(Month, Day, Year)	
BE	Carla Aa	lexan	der	10	D 27087			5115	3.90	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLET Carla S. Alexander, M	ED CAUSE OF DEATH (ITE	a Mar	Print)	pice-Dula	ney Vai				
	31, DATE FILED (Month, Day, Year) 32, RI					-				
	MAY 23 1990 July Day	EGISTRAR'S SIGNATURE								

00 14035

elustra

The say and says Man

4

a Akoninings

27.0

18.

0 8 8

Item 18; G-663 5-23-90; dr STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH		IENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2, DATE OF DEATH			TIME OF DEATH
	William C	Codling Gantt					May 22		YEAR	2:25 A M
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YE			7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
	060-10-4521	50-10-4521   1/4 M <sup>2</sup> □ F   87			WS HOURS	MIN.	9/23/02	F		more. Md.
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION	ON OF DE			Y OF DEAT	
R O	Stella Maris			Tows	on, Mai	rvlan	nd	Bali	timor	e
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	100 017	Y. TOWN OR L						d. INSIDE CITY	
	Maryland Ba		atons						LIMITS?	
2	10e, STREET AND NUMBER		atons	101, ZIP COD			10a. CITIZI		T COUNTRY?	
RA	2111 Oak Lodge	Road			-	228		7.7	SA	
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			13. WAS			IC ORIGIN? (Specify Yea			American Indian, hita, etc.
<u>   </u>	1 Never Married 2 Married	FORCES? 1 YES			s, specify Cubs		, Puerto Rican, atc.)		Black, W Specify:	
	3 Wildowed 4 Divorced				~				White	
윤	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S	Work done during	PATION ng most of world	ng	16b. KIND OF BUS	SINESS/INDU	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		e Mana			Indua	t	Coole	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		OTTICE	- IVICITA		HER'S NAM		trial	Scale	S
8	Charles Steuart	Cantt			1000000			dling		
BE	19a. INFORMANT'S NAME (Type/Print)	Gantt	19b. MAILING	ADDRESS (S			ta Lee -Co			
유	Mathilda G. Thi	emever	Lacon and an annual	as 10						
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPO			natory or	20c. LO	CATION — C	ity or Town,	Stata
	1 💢 Burial 2 □ Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	oval from State	other place) _oudon	Park (	Cemete	ry	Ba	ltimor	re. M	aryland
	21. SIGNATURE OF JUNERAL SERVICE LA	ENER DONOT	4		ME ANO ADDRE		YTIJK			
	Shirl	ey Caporalet	(-)				hell-Wiede			
	23. PART i. Entar tha diseases, or o						Maryland as cardiec or resp			Approximata
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one cause on ea	sch lina.							Interval Between Onset and Death
1 1	disease or conditionAdvanced Antonio colonocio									
	a. Advanced Arterio-Sciendsis  Due to (or as a consequence of):									
z	Bullous Pemphigus Sequentielly list conditions,  Bullous Pemphigus									
틸	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING									
	CAUSE (Diseese or injury	C. DUE TO (OR AS A	CONSEQUENCE	DE).						
CERTIFICATION	thet initiated events resulting in deeth) LAST			. ,.						!
		d								†
CAL	PART II. Other significant condition	ie contributing to death b	ut not resulting	in the unde	rlying ceuse	given in	PERFO	RMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
EDIC							1 YES :	NO NO		OMPLETION OF CAUSE F DEATH?
Σ							_		1	YES 2 NO
PHYSICIAN:			1							
o o	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	OTHER:	26. PLACE OF I					
14S	1 TYES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ENOutp	Rep. 1		g Home 5 L R	asidence	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCC	URED	
1 1	1 Netural 5 Pending	(Morith, Day, Year)	/ "	JURY	WORK?	□ NO				
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- Afrome, ferm,	street, factory	, office		281. LOCATION (Street	and Number	or Rural Rou	te Number,
TED	4 Homicide delarmined	building, etc. (Spec	(arry)				City or Town, State	)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	HCIAN: To the best of my know	sed a death occur	red at the time	, date and plac	e, and due	to the cause(a) and ma	nner as state	ıd.	
DMF	(Critical Orliny	ER: On the basis of axamirus								nd manner as stated.
ЕСС	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LIC	ENSE NU	MBER	29d. DATE	SIGNED (A	fonth, Day, Year)
00						1550				90
유	30. NAME AND ADDRESS OF PERSON WI									
	Eddie Nakhuda,	M.D. 2300	Dulaney	<u>Valle</u>	ey Rd.	212	04			
	31. DATE FILED (Month, Day, Year)  MAY 23 90  32. REGISTRAGES SIGNATURE  Julia Davidson-Randalle									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2

3 1990

NR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	Aff	burs after death with the State Dept of Health and Mental Hyplene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYS	-	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -2. DATE OF DEATH TIME OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) :00 7. DATE OF BIRTH (Month, Day, Vaar) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH MFL EASTERN DIRECTOR IMOYE 10d. INSIDE CITY LIGHTS? 1 YES 2 NO 10b. COUNTY 10a. STATE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21231 15A 118 12. WAS DECEDENT EVER IN U.S. AMMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11 MARITAL STATUS FORCES? 1 YES 2 2 NO If yes, specify G 1 Never Married 2 Married 1 TES 2 Specify: BY 3 Widowed 4 Divorced COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION College (1-4 or 5 +) grad 17. FATHER'S NAME (First, Middle, Last) BE 21231 INFORMANT'S NAME (Type/Print) 19h MAILING ADDRESS (Street 2 AETHOD OF DISPOSITION
Burlel 2 Cremetion 3 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Home C. Im. mar 1101 21202 north Q. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximsta intarval Batwean shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finsi disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) M PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): causa. Entar UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 YES 2 NO OF OEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26d. DEŞCRIBE HOW INJURY OCCURED 28c. INJURY AT 1 Natural
2 Accident 5 Pending M 1 YES 2 NO ΒY Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicida 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, data and pieca, and due to the 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 90 Denman

32. REGISTRAR'S SIGNATURE LA DAVIDON HONDE

lin

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, L.	nst)			2. DATE OF DEATH	/ YEAR	3. TIME OF DEATH			
	LAWI	RENCE L.	GILLIAM		05-22-	90	м			
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, BIRT Cour	THPLACE (State or Foreign			
	219-10-7883	1 € M 2 □ F	61 YRS. MONT	HS DAYS HOURS MIN.	08-11-2	8 Mai	ryland			
_	9a. FACILITY NAME (If not institution, g		9b. (	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF	DEATH			
FUNERAL DIRECTOR	1619 E. 33rd			Baltimore	e City	none	e			
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10c. CITY, TOV	VN OR LOCATION			10d. INSIDE CITY LIMITS?			
HO!	Maryland	none	1619	E. 33rd S	treet, Bal	to, Cit	1 🖾 YES 2 🗌 NO			
=	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
EB	1619 E. 33rd	d Street		21218	3	United	d States			
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF HISPA			CE — American Indian, ick, Whita, etc.			
BY F	1 Naver Married 2 Married	FORCES? 1 X YI	A DATES	If yes, specify Cuban, Maxic		1.000	icity:			
	3 Separatem -		to 5-4-48				egroid			
COMPLETED	15. DECEDENT'S (Specify only highest of	grade completed)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most of working	16b. KIND OF BUS	INESS/INDUSTRY				
١٣	9th grade	College (1-4 or 5+)	Laborer		Bethle	hem St	eel Co.			
M	17. FATHER'S NAME (First, Middle, Last		1 Davolei		AME (First, Middle, Maiden		eer oo.			
8	Plummer Gi				Lou Bart					
띪	19a, INFORMANT'S NAME (Type/Print)	LIICun	19b. MAILING AOO	RESS (Street and Number or Rural						
2	Hazel Teal			33rd Stre			1218			
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION	(Name of cemetery, crematory or		CATION — City or	Town, Stata			
	1 N Burial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specify)	Ramoval from Stata	Garrison I	Forest Vete:	rans cem/	Owings	mills, Md.			
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSE	^	22. NAME AND ADDRESS OF F	ACILITY	7	2 11			
	* Calara K	Lucia	2	Carvin B.	Scruggs	funera	Balto, Md. 2			
	23. PART i. Enter the diseases,	or complications that call	sed the death. Do not e				Approximate			
	shock, or haert feli	ure. List only one cause or	n aach lina.				Interval Between Onset and Death			
	iMMEDIATE CAUSE (Final disease or condition	Mea	astatic Ca	CAOCIN COM	0	(2 VP				
	resulting in daeth)	a. OUE TO (OR /	S A CONSEQUENCE OF	Tanamana aa	ll comei	nome l	UN A J SWAG			
-		- 50	HAMOUS C	CARCINOMA, Squamous ce BL CARCIN	oma Lun	moma 1	24 ETHES			
9	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR A	AS A CONSEQUENCE OF):							
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c								
E	that initiated events resulting in death) LAST	OUE TO (OR A	AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	d								
	PART ii. Other significent cond	itions contributing to deet	h but not resulting in th	e underlying ceuse given i			4b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO			
S	10				PERFOR		COMPLETION OF CAUSE OF DEATH?			
						X	1 YES 2 NO			
2										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDIC			26. PLACE OF DEATH (C	Check only one)					
Sic	1 YES 27 NO	HOSPITAL:		HER: Nursing Home Tresidence	6 Other (Specify)					
Ť	27. MANNER OF DEATH	26a. DATE OF INJU (Month, Day, Yo.	RY 28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DEŞCRIBE HOW I	NJURY OCCUREO				
ВУ Б	1 Natural 5 Pending 2 Accident Investige			M 1 YES 2 NO						
	3 Suicide 6 Could no	28s. PLACE OF INJ	URY — At home, farm, street	, factory, office	28f. LOCATION (Street   City or Town, State)		sl Route Number,			
IE	4 Homicide determin	ıd								
COMPLETED	29a. CERTIFIER (Check only	PHYSICIAN: To the best of my k	nowledge, death occurred at	the time, date and place, and de	ue to the cause(e) and me	nner as stated.				
MO	2001	MINER: On the basis of examin	ation and/or investigation, in	my opinion, death occured at ti	ne time, data and place, ar	d dua to the caus	e(a) and manner as stated.			
	206. FIGHATURE ANDITITLE OF CER	TIGUER		29s, LICENSE N	UMBER	29d. DATE SIGN	ED (Morett, Day, Welr)			
) BE	Synlana	Siblem ATT	ENDING PAUS 1	D0693	3	M3 22	190			
5	30, NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	9			,			
	John B. MacGib	bon, Maltimo	dical Arts	gldg15Wite 71	9 101 W.	Read St	•			
	MAY 23 1990	32. REGISTRAR'S S	SIGNATURE							
	1121 69 1411 1	I SHEW WELL GOOD								

8041 00

6 . . .

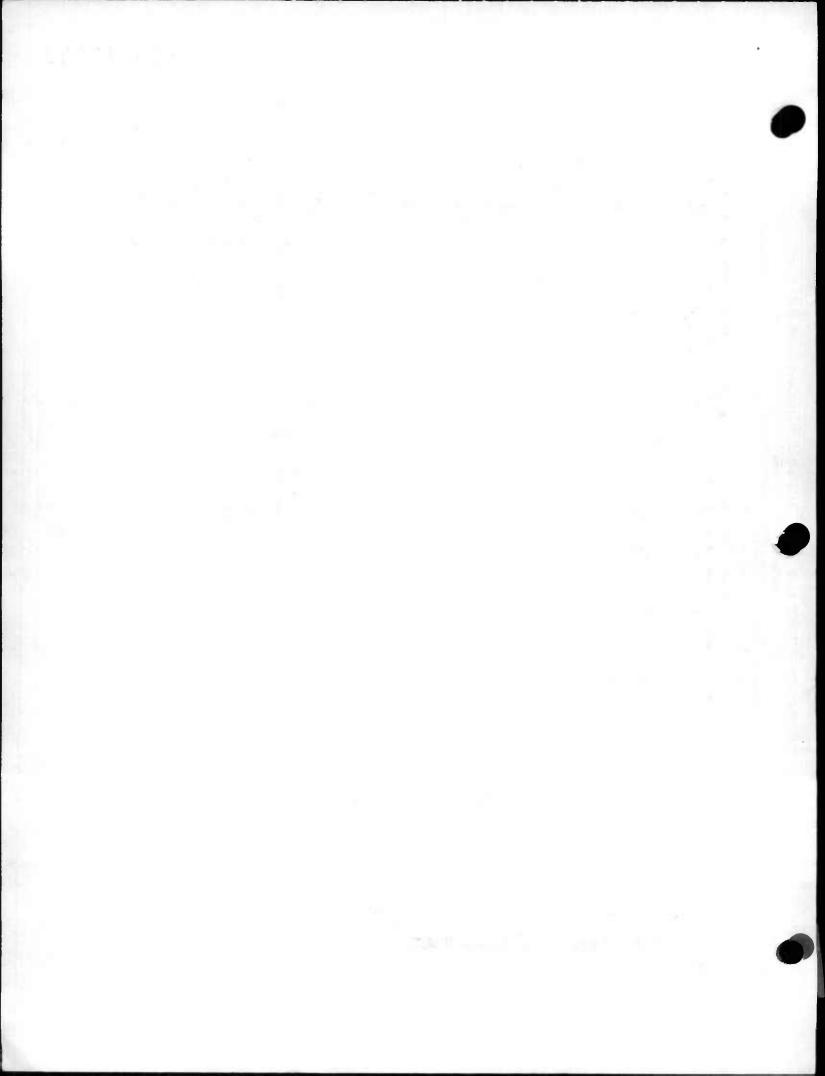
•

No married to the

4 4 4

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within R flows after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Nem 28 is marked,

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT			MENTAL	REG. NO.	E		
	1. DECEDENT'S MANE (First, Middle, Last)	B. Sal	unu		_	2. OATE MONTH	OF DEATH DA	1- 2		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. les	t birthday) IF UNDE	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		BIRTHPL ountry)	CE (State or Foreign
œ	FACILITY NAME (If not institution, give s	treet and number)	96. CIT	TY, TOWN OF	R LOCATION OF DE	ATH 1	01/18	9c. COUNTY	OF DEATH	age, pa
DIRECTOR	PLEBIDENCE OF DECEDENT	Carly Care	10c. CITY, TOWN	OR LOCATIO	CA, /V	uri	RAM	MOM)	100	, INSIDE CITY
	10e. STREET AND NUMBER		1/1/2	their		-//	N. C	200 10g. CITIZEN	2-91	LIMITS? YES 2 NO
FUNERAL	1707 R Str	eet, U.W.	# 40	4 6	20009	9	6	11	S S	LIA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 2 13		NDENT OF HISPAN city Quban, Mexica 2 NO Specify	n, Puerto F		or No— 14.	Black, Wi Specify:	American Indian, nite, etc.
COMPLETED	15. OECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	CEDENT'S USUAL ive kind of work done . Do NOT use retired.	e durina most	N t of working	16b.	. KIND OF BUS	I INESS/INDUST	RY	
MPL					P-1-1-1-1-1-1-1-1					
BE CC	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, A	Widdle, Maiden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)	190	b. MAILING ADDRE	SS (Street an	d Number or Rural I	Route Numb	ber, City or Town	n, State, Zip Coo	le)	
	20a. METHOD OF DISPOSITION  1 General Buriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ovel from State removal	OF DISPOSITION (I	Name of cem	etery, crematory or		20c. LO	CATION — City	or Town,	State
	21. SIGNATURE OF FUNDRAL SERVICE LIC	1 Wase			ANATOMY		RD, BA	LTO.,	MD.	21201
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition CARRHYTISM 19								interval Between Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):  ACTIBILITY CONTROL OF STANDING STANDING VICTOR									YCORS
MOIT	Sequentially list conditions, If any, leeding to immediate  D. OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):									
L CE	PART II. Other significant condition	ne contributing to death but not	reaulting in the	undertyling	cause given in	Part i.	24s, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
DICAL	PARTIAL GISTRE	ROMY					PERFOR		CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDI	-					-			1 [	YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТЫ	_	ACE OF DEATH (Ch	eck only or	10)			
IXSI	1 VES 2 NO	1 Inpatient 2 ER/Outpatient 3			5 - Residence		* * * * * * * * * * * * * * * * * * * *	NJURY OCCUR	ED	
BY Ph	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	INJURY	1 U Y	RK? ES 2 NO	260. OES	SCHIBE HOW I	NJURY OCCUR	EU	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	actory, offica			ATION (Street or Town, State)	and Number or i	Rural Floute	Number,
COMPLETED	and any	ICIAN: To the best of my knowledge, de ER: On the basis of examination and/or							Ruse(a) an	d menner as stated.
<b>BE</b>	296 SIGNATURE AND THE OF CENTIFE	mon, no			29c. LICENSE NU			29d. DATE SI	GNEO (MO	I, 1990
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	SSACH	458773	mr.	Nw	0,520	016	
H	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	fice.							



	FOR 1 - STATE REGISTRAR	STATE DF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	ecelia HANSC	om	2. DATE OF DEATH DAY	3. TIME OF DEATH 4:05 P m					
	4. SOCIAL SECURITY NUMBER 136-34-086	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month: Day, Year)	8. BIRTHPLACE (State or Foreign Country)  New Jersey					
CTOR	9a. FACILITY NAME (If not institution, give THE JOHNS HOPKIN	· · · · · · · · · · · · · · · · · · ·	9b. CITY, TOWN OR LOCATION OF DE BALTIMORE		CUNTY OF DEATH LTIMORE CITY					
DIRECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  10c. CO	TY 10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1  YES 2 NO					
200	10e. STREET AND NUMBER	autuille Rd.	101. ZIP CODE	4 7 10g. C	EXTIZEN OF WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1  YES 2 NO Specify	n, Puarto Rican, atc.)	14. RACE — American Indian, Black, White, etc.  Specify: 1. 4 e					
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)  (Give kind of we life. Do NOT use	ISUAL OCCUPATION ork done during most of working retired.	16b. KIND OF BUSINESS/I	INDUSTRY					
E COMP	17, FATHER'S NAME (First, Middle, Last)	4 Years Regis	16. MOTHER'S NA	ME (First, Middle, Maiden Surname Chorne						
be notified TO BE	19a. INFORMANT'S NAME (Typo/Print) LETOY K. Ha	NSCOM 26001	Appess (Street and Number or Rural )	Rd. Fallst	24 COM) Md. 21047					
must	20a. METHOD OF DISPOSITION  1		TION (Name of cometery, cremetory or  MACOLY, INV	c. Baltin	- City or Town, State  10 C E M G					
examiner	Gonald C.	bssam	E.F. LASSAI	N Funeral Ho	Me Kingguile, M					
the medical	disease or condition Cardiac electromechanical dissociation									
event,	resulting in daeth)	a. Due to (or as a consequence of hypotensian		9 93309	30mi					
, or other traumatic ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	ny disease	severe	. >2wks					
AL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED?									
3 shows any N: MEDIC		rel Obstruction			1 - YES 2 DINO					
marked, or Item 23 shows am BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26, PLACE OF DEATH (C/OTHER: 4 Nursing Homa 5 Realdence	6 Other (Specify)						
	2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, 19er)  28a. PLACE OF INJURY — At home, farm, a	WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY  28f. LOCATION (Street and Nun						
ANT: It item 28 Is COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Specify)		City or Town, State)						
COMP		YSICIAN: To the best of my knowledge, death occurre		time, deta and place, and dua f						
IMPORTANT: TO BE COI	( scomes	anliant PI, P	Pulsati	•	5/18/90.					
	SEROMEN 31. DATE FILED (Month, Day, Spar)	ANKOMTZ JO 132. REGISTRAR'S SIGNATURE	PHNS HOPKI	22 Hosb . R	alt. MD ZIZOU					
	MAY 23 1990	Jul Deviden Randse								

8

BALTIMORE, MARYLAND 21203-3146

L RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

	REGISTRAR			CENTIF	CATE	JE DEA	117	HEG. NO.		
1, OE	ECEOENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DA		
1	Mae V. Ilioff								1 199	
					MONTHS DA	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign ountry)
	100-07-3303 1	YRS.				4-10-191	4 Pe	ennsylvania		
	FACILITY NAME (If not institution, give stre-	*			9b. CITY, TO	WN OR LOCAT	ION OF DEA	ТН	9c. COUNTY O	)F DEATH
E I	Francis Scott	Key Me	d. Ct	tr.	BAlt	imore	9		City	
5 RES	SIDENCE OF DECEDENT STATE 10b. COUNTY			too CIT	Y, TOWN OR L	OCATION				10d, INSIDE CITY
œ	2.00									LIMITS?
	Md			В.	altim	101. ZIP COL			40° CITIZEN C	1 X YES 2 NO
FUNERAL 11. M	17100000					W 100 mg				
ÿ	7337 Stratton				1		1224		U.S	
	MARITAL STATUS  Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2	2 NO	If ye	s, specify Cub	en, Mexican	C ORIGIN? (Specify Yes , Puerlo Ricen, atc.)		RACE — American Indian, Black, While, etc.
	Widowed 4 □ Divorced	IF YES, GIVE W	AR OR DATE	s	1 🗆	YES X NO	Specify:		พ	hite
	15. DECEDENT'S EDUCA	TION	10	e. DECEDENT'S	IISHAL OCCU	DATION		16b. KINO OF BUS		
COMPLETED	(Specify only highest grade of	ompleted)		(Give kind of the Do NOT us	work done duris	ng most of work	ing	iod. Kino or Bo.	3114233/11100311	
# E	Elementery/Secondary (0-12)	College (1-4 or 5 +						Tarre		÷
\$	High School			Ret.	Inspe	_				ing CO.
	FATHER'S NAME (First, Middle, Last)					18. MO		NE (First, Middle, Malden	oumeme)	
W		midt		T				nown		
0   ""	INFORMANT'S NAME (Type/Print)							oute Number, City or Tow		
	Patricia M. Il	ioff						BAlto.,		
20e. 1 🗆	METHOD OF DISPOSITION  Burlel 2 Cremellon 3 Remove	val from Stale	of	LACE OF OISPO ther place)					CATION — City of	
4 🗆	Donetion 5 Other (Specify)		Oa	<u>ıklawn</u>					to., Mo	d
21. S	SIGNATURE OF FUNERAL SERVICE LICE	NSER				ME AND ADDR			_	
	1 Titor &	100	-A. (		Bra	dley	-Asht	ton Fune:	ral Ho	me,Inc. ndalk.Md.21
iMA disc	23. PART i. Entar tha diseasea, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):									
IFICATI	Sequentially list conditions, If entry, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PAI	RT II. Other significant conditions	contributing to	daath but	not resulting	In the unda	rlying cause	given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
<u>გ</u>	(meas +100	Lear	+ F	cilure		PERFORMEO? AMAILABLE COMPLETI			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Danage		C	PRCIN	SmA				4.10	OF DEATH?
Σ   -	BUNCHOC	- 1011		1700110	- 1			_		,
¥	WAS CASE REFERRED TO MEDICAL					28. PLACE OF	OFATH /Ch	ack only one!		
고 <b>"</b>	EXAMINER?	HOSPITAL:	Tener -		OTHER:					
<u>&gt; ∥ —</u>		1 Inpatient 2		lent 3 DOA		Home 5 .	Reeldence	8 Other (Specify) 28d. DESCRIBE HOW	IN IURY OCCUPE	FO.
	MANNER OF DEATH  1 Natural 5 Pending	28e. DATE Of (Month, E			JURY M	WORK?	_ "	280, DESCRIBE NOW	INJUNI OCCURE	
<b>—</b> III	2 Accident Investigation	00. 71.05	NP 104 17 1774	40.5	***	1 YES 2	□ NO	****	and Months	hand Davids Mumber
1 2	Suicide S Could not be determined		etc. (Specify	- At home, farm,	street, factory	, office		28f. LOCATION (Street City or Town, State		iurai rioute Number,
COMPLETED 500	- Louiscoe Getermined								<u>-</u>	
290.	CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best o	f my knowled	dge, death occur	red at the time	, date end ple	ce, end due	to the ceuse(e) end me	nner ee stated.	
NO.	one -	R: On the beele of	examination e	end/or investigat	lon, in my opia	ilon, death oc	cured at the	ilme, date end place, e	nd due to the ce	use(e) end manner as stated.
	SIGNATURE AND TITLE OF CERTIFIER					_29c. L	CENSE NUM	ABER	29d, OATE SIG	GNED (Month, Day, Year)
8	Luxus 5	2000	/ n	2))		1	1105	4		-22-90
2 30.	NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAL	OF OEAT	H (ITEM 27) (7/10	e, Print)	7	3	/		
1	ARRY /	LLI-Y	1017	as l	DTLI	to no	120	RA,	rim i	15 m) 2122
31.1	DATE FILED (Month, Day, Ye	22 REGISTRA	ARIE ETTA		UR / 17	0/10	(-1)	) 1516	100000	6 1.00
A MAN	1 23 1000 diled	auracon-Po	-	-77						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED

29b. SIGNATURE AND TITLE OF CERTIFIER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

A SEPOND

	•		50	14042						
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.	E							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	WEAR	3. TIME OF DEATH						
	REGINA I JONES	MONTH DA	1990	M.						
ŀ	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		LACE (State or Foreign						
	1 1 1 2 5 5 5 G G G 1 M 2 SF G J YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	OA Country	COANS						
	9e, FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF DE	ATH						
œ	3726 MORRISVILLE ROAD JARRETTSY	2/1.	HARFA	RD						
DIRECTOR	RESIDENCE OF DECEDENT	1222	21.111	N.C.						
M I	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?						
ā	PARYLAND HARFORD JARRETTSVILLE			1 YES 2 NO						
AL.	10s. STREET AND NUMBER		10g. CITIZEN OF WI	HAT COUNTRY?						
FUNERAL	3811 JARRETTSVILLE TIKE 21081	+	U.S.	A						
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN FORCES? 1 YES 2 KNO If yes, specify Cuben, Mexican		or No- 14. RACE Black.	American Indien,     White, etc.						
	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify		Specify							
BY	3 K Widowed 4 Divorced		1 (0)	STIH						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	18b. KIND OF BUS	SINESS/INDUSTRY							
9	Elementery/Secondary (0-12) College (1-4 or 5 +)	1								
COMPLETED	HT HOME									
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)							
BE	US VUALLI KA320C	HOB!	AN							
TO E	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)							
F	FAMILY RECORDS JAME HS HBOYE									
	20a METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)	20c. LO	CATION — City or Tov	vn, State						
	4 Donation 5 Other (Specify) PARKWGO LIVE IS	RY IAF	はいいか	MO.						
	21. SIGNATURE OF EUNERAL SETTYICE LICENSEE  22. NAME AND AGORESS OF FA  \$\subseteq 1 \to 1 \to 2 \to 3	OIT OF C	RWOK.	1:83						
		FURO R	200 - Pa	ackinis						
	23. PART I, Enter the diseases, or complications that caused the death. Do not anter the mode of dying, suc		Iratory arreat,	Approximata						
	shock, or heart fallure. List only one cause on each line.			interval Between Onset and Death						
	IMMEDIATE CAUSE (Final disease or condition									
. (	reaulting in death)  a. CARDIO RESPIRATORS FRICURE OUE TO (OR AS A CONSCOUENCE OF):									
_ 1				i i						
ON	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
AT	if sny, leading to immediate cause. Enter UNDERLYING									
10	CAUSE (Disease or injury									
Ē	that initiated events resulting in death) LAST									
CERTIFICATION	d			1						
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
2		1 YES		COMPLETION OF CAUSE OF DEATH?						
MEDICAL				1 YES 2 NO						
Σ										
A	25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C)	eck only one)								
200	EXAMINER? HOSPITAL: OTHER:  1 VES 2 NO 1 inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reeldence	6 Other (Specify)								
PHYSICIAN:	27. MANNER OF GEATH 28e, DATE OF INJURY 28b, TIME OF 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED							
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO									
B	2 Accident Investigation 2 Suicide 26s. PLACE OF INJURY — At home, farm, street, fectory, office	26f. LOCATION (Street	end Number or Rural F	Route Number,						
8	3 Suicide 6 Could not be determined determined	City or Town, State	)							

1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 01

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 shou
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	E OF MARYLAND /		ENT OF HE		IENTAL HYGIENE			
ļ	1. DECEDENT'S NAME (First, Middle, Last) PEARL CA		CKSON			2. DATE OF DEATH MONTH DAY MAY 21			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M	6. AGE (In yrs. last	Inst birthday   IF UNDER 1 YEAR				0	BIRTHPLACE (State or Foreign Country)  IARY LAND	
ВО	99. FACILITY NAME (If not institution, give street and n 425 Cummings Court	umber)	96		more Cit		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATIO				10d. INSIDE CITY YUMITS?	
	Maryland  100. STREET AND NUMBER				ore City		1 € YES 2 □ NO		
FUNERAL	425 Cummings Court  11. MARITAL STATUS  12. WAS	DECEDENT EVER IN U.S. ARI	MED	13. WAS DECE	21201 NDENT OF HISPANI	C ORIGIN? (Specify Yea	US or No.— 14.	RACE - American Indien,	
B≼		CES? 1 TYES 2 TN ES, GIVE WAR OR DATES	0		cify Cuban, Mexican 2 NO Specify:	, Puerlo Rican, atc.)		Black, White, stc.  Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondery (0-12)  College	(G/	ve kind of work Do NOT use re	IAL OCCUPATION done during most tred.)	N t of working	16b. KIND OF BUS	INESS/INDUST	rγ	
NOO	17. FATHER'S NAME (First, Middle, Last)		Deili	10110	18. MOTHER'S NAM	NE (First, Middle, Meiden S	Surneme)		
BE (	GEORGE JOHNS G		MAIL INC. AD	DBESS (Stend on	ESTEL	LA H	OPPER	40)	
유	BEVERLY MORTON					ALTIMORE,		223	
	20. METHOD OF DISPOSITION 1. Surlei 2 Cremetion 3 Removal from		OF DISPOSITION	ON (Name of cem	etery, crematory or	20e. LOC	ATION — City	or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	□ Donation 5 □ Other (Specify) ARBUTUS MEMORIAL PARK BALTO. COUNTY MD							
	· Say Ro	llem				L HOME, IN		21216 MD	
	23. PART I. Enter the diseases, or compiles ahock, or heeft failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)		orox		e of dying, such	·	ratory arrest	Approximate interval Between Onest and Death	
CERTIFICATION	Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO/OH AS A CONSECUTION OF TO/OH AS A CON	4/1					gen	
AL	PART II. Other significant conditions contri	buting to death but not r	esulting in t	the underlying	cause given in	Part i. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
: MEDIC						1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Che	ol only one)		l	
YSIC	1  YES 2 NO 1 Inp	estient 2 - ER/Outpatient 3	□ DOA 4			6 Other (Specify)			
ву Рн	1 Netural 5 Pending 2 Accident Investigation	a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y M 1 □ Y	RK? ES 2 NO	28d. OEŞCRIBE HOW II			
ETED	3 Suicide s Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							nurei nutte numuer,	
COMPLETED	29e. CERTIFIER Check only (Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, de basis of examination end/or						ause(e) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	far a	,		29c. LICENSE NUI	437	<b>&gt;</b> 5	IGNED (Month, Day, Year)	
	NAME AND ADDRESS OF PERSON WHO COMP	ETED CAUSE OF DEATH (ITE	P CHON. P.	1	519 N	· Lexingto	n St,	John 21201	
	5MAY 25 1990 A	hie Devident of	per /	1000	sur		,	DHMH-16 Rev 1/89	

8 7 71 7

•

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND M ATE OF DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	Jaras	how		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT	90	dooy w
	078-07-8808	M 2 □ F	72 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	8 0	IRTHPLACE (State or Foreign ountry) NEW YORK
TOR	90. FACILITY NAME (If not institution, give strice Harford Memo	- 11	3 .	CITY, TOWN OR LOCATION OF DE		HOTE	
DIRECTOR	FLORIDA PALI	M BEACH		PALM BEACH			10d. INSIDE CITY LIMITS? 1 \$\insert \text{YES} 2 \square \text{NO}\$
FUNERAL	100. STREET AND NUMBER 383-OTTAWA CT.			101. ZIP CODE 3341	1	10g. CITIZEN	OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? ** YES IF YES, GIVE WAR OR D		13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 X NO Specify	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. OECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondery (0-12)		life. Do NOT use ret	done during most of working	166. KIND OF BU	SINESS/INDUST	STORE
BE COM	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN JAI	ME (First, Middle, Maiden EANETTE HA					
TO B	190. INFORMANT'S NAME (Type/Print) AMELIA JARASHOW			TAWA CT. ROYA			
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 M Remove 4 Donation 5 Other (Specify)		other place)	ON (Name of cemetery, crematory or GARDENS	W.F	ALM BE	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICES	Lecense	h	22. NAME AND ACCRESS OF FA SOL LEVINSON 6010 REISTER	& BROS.,		MD 21215
	23. PART I. Enter the diseases, or conshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	atteriose	eech line.	anter the mode of dying, suc			Approximate interval Between Onset and Death
MOIT	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	•	A CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1 NO			
SICIA		HOSPITAL:		26. PLACE OF DEATH (CA			
					28d. DESCRIBE HOW	INJURY OCCUR	EO
TED BY	Accident   Investigation	26e. PLACE OF INJUR building, etc. (Sp.	et, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	(Under any			nt the time, date end place, and du			ause(e) end manner as stated.
O BE C	Silver D. Calle	LOIS-Med	Elemen	29c. LICENSE NU DO 11		29d. DATE S	IGNEO (Month, Day, Year)
-	II 30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	FATH (ITEM 27) (Time Pr	(nt)	0 0 6	7./	

DO 1199 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
2013 TAX 32. REGISTRAR'S SIGNATURE

\* 1 to 2,

### BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			IENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLES JOHN	KRAUS	WD	1.10	2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.0	BIRTHPLACE (State or Foreign Country)	
	216-03-6828	IN 14,1511							
œ	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN DR LOCATION OF DEATH  96. COUNTY DF DEATH  97. COUNTY DF DEATH  98. CITY, TOWN DR LOCATION OF DEATH  98. CITY, TOWN DR LOCATION OF DEATH								
010	RESIDENCE OF DECEDENT	-LN NORSING C							
DIRECTOR	MARYLAND 106. COUNTY			LTIMOR				10d. INSIDE CITY LIMITS?  1 X YES 2 ND	
	100. STREET AND NUMBER		1 0//		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	5302 CARTER AVE.				21214			S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN I FDRCES? 1 X YES IF YES, GIVE WAR OR DAT	2 ND		cify Cuban, Maxican		or No— 14.	RACE American Indian, Black, White, etc. Specify:	
BY	3 Widowed 4 Divorced	WW I	I	1				WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 8 +)	18a. DECEDENT'S USU (Give kind of work life. Do NOT usa re	done during mos		16b. KIND OF BUS	SINESS/INDUST	RY	
APL:	12	College (1-4 or 6+)	FIREMA	N		BALTIMO	RE CIT	Y FIRE DEPT.	
	17. FATHER'S NAME (First, Middle, Last)	•				NE (First, Middle, Maiden	Surname)		
BE	CHARLES A. KRAU!	5	19b. MAILING AD	DRESS (Street a		KREVOLAC loute Number, City or Town	n, State, Zip Coo	de)	
임	FRANK LIDINSKY		3410	WHITE	AVE. BAL	TIMORE MAR	YLAND	21214	
	20a. METHDD OF DISPOSITION 1 A Burlat 2 Cremation 3 Remo	eval from State	PLACE OF DISPOSITION Other place)				CATION — City		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE DEMNIS C	PARKWOOD	5/24/ 22. NAME AN	O ADDRESS OF FAC			MARYLAND 21214	
	> Organia (1)	25 JUNE	AF TIANU	LEON	ADD 1 D	UCK INC. 5			
	23. PART I. Enter the diseases, or c	ALL STATES							
	IMMEDIATE CAUSE (Final disease or condition	C /	on mile.		1			Onset and Daeth	
	resulting in deeth)	DUE TO (DR AS A	CONSEQUENCE OF):	soul	Oses				
N	Samuellatte Hat and the Carellova guly Disease								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
ERT	resulting in death) LAST	1							
CALC	PART II. Other algnificant condition	a contributing to death bu	it not resulting in t	he underlying	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
MEDIC	Severe	2 Mark	rea		-	1 YES 2		COMPLETION OF CAUSE DF DEATH?	
: ME	acterior	lesotes (	ludio	The same	ciffee	_		1 TES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Falle			ACE OF DEATH (Che	ick only one)			
YSIC	1 □ YES 2 <del>□ 41</del> 0	HOSPITAL: 1   Inpatient 2   ER/Outpe	tlant 3 DOA 4		a 8 - Residence				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	EO	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, etc. (Specia	At home, farm, stre	et, fectory, offic	•	281. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,	
ETE.	4 Homicide determined								
COMPLETE	onel	CIAN: To the best of my knowle R: On the basis of examination						augusta) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUN			IGNED (Month, Day, Year)	
TO BE	Walte R	Welsont	MD			V-411	M	4-421 1990	
-	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)	110	6/00	Vios	1 0 -	
	31. DATE FILED (Month, Day Year)	LE MANUEL THAN S SIGNA	TURE	1001	F/1)	6/00	LUIC		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	н		3. TIME OF DEATH
8	anthum a	7.			ŀ	MONTH	DAY	1990	7.70 /LM
	Arthur A. L.		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	18.	B 15 15 101	PLACE (State or Foreign
	173-12-2819		MC	NTHS DAYS	HOURS MIN.	(Month, Day, Yes	er)	Country	y)
	175-12-2017	1 M 2 D F	68 YAS.			10/14/		M	aruland
	9e. FACILITY NAME (If not institution, give :	street and number)	.91	. CITY, TOWN (	R LOCATION OF DEA	тн	9c. COL	UNTY OF DE	EATH
Œ	Stella eris		1	balti	more hary	and	1	altin	nore
2	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
<u> </u>	Manufanal Bali	imana		owcon					LIMITS?
	Maryland Balt	imore		owson			1		
₹ I				101	. ZIP CODE		10g. CI		WHAT COUNTRY?
6	2300 Dulaney Va	alley Rd.			21204			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPANIC			14. RACE	— American Indian, t, White, etc.
	1 Never Married 2 Merried	FORCES? 1 YES	2 _NO		ecify Cuben, Mexican, 2 NO Specify:	, Puerto Rican, etc	i.)	Specifi	
E A	3 Wildowed 4 Divorced	W TES, GIVE WAIT ON E	DAI EU	1 1 123	Y X NO Specify.			- Open	" Willte
	15. DECEDENT'S EDU	ICATION	180. DECEDENT'S US	IAL OCCUPATION	ON .	16h KIND OI	F BUSINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade	e completed)	(Give kind of world life. Do NOT use n	done during mo	st of working	Total Name of			
	Elementary/Secondary (0-12)	College (1-4 or 5+)				En	ainaan	ina	
불비			Mechanic	ar Eng	r.	EII	gineer	my	
ō I	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Mi	siden Surname)		
	Arthur Alois Lyr	ness. Sr.			Susanr	ne Meye	rs		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street )	and Number or Rural Ro	oute Number City o	r Town, State, Z	(in Code)	
임					y Ct., Pa				2
.	Elizabeth S. Lyn				•				
	20e. METHOD OF DISPOSITION  1X Burlel 2 Cremetton 3 Ren	novel from State	b. PLACE OF DISPOSITI	ON (Name of cer	netery, crematory or	20	c. LOCATION -		
	4 Donation 5 Other (Specify)	M	It. Maria (	Cemeter	^y		Tows	son,	Md.
1	21. SIGNATURE OF FUNERAL SERVICES	copyet of the		22. NAME A	ND ADDRESS OF FAC	ILITY			
	Dulle	BEST WYOT	ary	Lem	mon-Mitc	hell-Wie	defeld		
		bi yaii ii. Ci	a1-4				Timor	nium,	Md.
	23. PART i. Enter the diseases, or	complications that cause	d the deeth. Do not	enter the mo	de of dying, such	es cerdiec pr	reepiratory a	rrest,	Approximate
	THE STATE OF THE S	List only one cause on	each line.						Interval Between Onset end Death
									Onset end Death
	resulting in death)	Septicemi	el						
ı		DUE TO (OR AS	A CONSEQUENCE OF):						
z		, Renal fai	lure						
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
4	cause. Enter UNDERLYING								
윤ㅣ	CAUSE (Diseese or Injury	DUE TO (OR AS	A CONSEQUENCE OF):						
Ē	that initiated events resulting in deeth) LAST								
ᇤᅵ		d							
	PART II. Other eignificent condition	ns contributing to deeth	but not resulting in	the underlyin	a ceuse given in F	Part i. 24s W	AS AN AUTOPS	y 24h	. WERE AUTOPSY FINDINGS
₹ I	<u> </u>				g could given in t		RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
욹ㅣ						1 U Y	ES 2 D NO		DF DEATH?
ᄪᅵ								1	1 TES 2 NO
<u>.</u>									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	73		26.0	LACE OF DEATH (Che	ck only one)			
ᅙᅵ	EXAMINER?	HOSPITAL:		THER:	EAGE OF BEATT (GRE	CA GINY GIO)			
Z	1 TYES 2 NO	1 Inpetient 2 I ER/Ou	tpetiant 3 DOA 4		ne 5 🗆 Reeldence (	8 Other (Specifi	1)		
프	27. MANNER OF DEATH	(Month, Day, Year)			JURY AT ORK?	28d. DESCRIBE	IOW INJURY O	CCURED	
	1 Natural 5 Pending		1,000		YES 2 NO				
BY	2 Accident	28e. PLACE OF INJUE	RY — At home, farm, str	ret, fectory, offic	:	28f. LOCATION (S	Street and Numb	per or Rural	Route Number,
ᇜᅵ	3 Suicide S Could not be 4 Homicide determined	building etc. (Sp	ecfy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town,	State)		
Ë l			<u> </u>						
7	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kno	wledge, death occurred	st the time, dat	end place, end due	to the ceuse(e) an	d manner ae s	tsted.	
COMPLETED	CONSULT ONLY	IER: On the basis of axaminat							e) end menner en stated.
8									
B	296. SIGNATURE AND TITLE OF CERTIFE				29c. LICENSE NUM 115504		29d. D		0 (Month, Day, Year) 8/90
					017709	f		2/1	3/ 20
유	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE OF D				,	7. 2		
	Eddice Hall	D2300 Dulane	Valley ,	Road 7	owson, Me	ary dand	21204	Į.	
	31_DATE_FILED_(Month_Dav. Year)	32. REGISTRAR'S SIG	GNATURE						
	31 VIATE FILED (Month, Day, Your)	6 2							
	1000 94	he Audren for	da 29						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE (	)F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			E	RTIFICATE	0	F DEAT	ГН		REG. NO.

REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	Tonya	$L_{ullet}$	Lyles		2. DATE OF DEATH MONTH 5-19-90	AY YEAT	3. TIME OF DEATH 12:35PM M
4. SOCIAL SECURITY NUMBER		VDC W	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 2-22-68	6. Bil Co	RTHPLACE (State or Foreign unitry) MT)
220-86-5018 9a, FACILITY NAME (If not institution, give s	1 M 2 F	2.2	OF CITY TOWN	1 OD I OCATION OF DI		9c, COUNTY O	
University Ho		[	9b. CITY, TOW	or Location of Di Baltimor		9c. COUNTY O	P DEATH
RESIDENCE OF DECEDENT	эртсат			Darchiol	C CICy		
10a. STATE 10b. COUNT MD	Y	1 1	TOWN OR LOC				10d. INSIDE CITY LIMITS?  \$\mathcal{LIM}\$T\$ YES 2 \( \backsquare \) NO
100. STREET AND NUMBER 324 WEST MOSHER	STREET APT.	302		101. ZIP CODE 21217		10g. CITIZEN C	OF WHAT COUNTRY?
11. MARITAL STATUS  1(	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rES 2 NO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexics ES 2 NO Specif			ACE — American Indian, llack, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	ICATION a completed)	16a. DECEDENT'S U	SUAL OCCUPA	ITION	16b. KIND OF BU	SINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	most of working			
11th Grade		Unemp1.	nyed				
17. FATHER'S NAME (First, Middle, Last)		_	-	18. MOTNER'S NA	AME (First, Middle, Malden	Surname)	
	ADSHAW			T.TND		LYLES	
19a. INFORMANT'S NAME (Type/Print)		100000000000000000000000000000000000000			Route Number, City or Tox		
LINDA LYLES					t_302/Balt	a MD	21217
20a. METHOD OF DISPOSITION  TO Burial 2 Cremation 3 Ran	noval from State	20b. PLACE OF DISPOSI other place)				CATION — City o	r Town, State
4 Donation 8 Other (Specify)		BALTIMORE	CEMET	ERY	BAL	TIMORE,	MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FA	ACILITY		21202
<b>MO</b> 0	1.70		WM.C.	MARCH F	.H. 1101 E	. NORTH	AVENUE
resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
resulting in death) LAST	d						<u> </u>
PART II. Other significant condition Asthma	ne contributing to dec	eth but not resulting in	n the underly	ying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				. PLACE OF DEATH (C	theck only one)		
EXAMINER?  1 AYES 2 NO	HOSPITAL:	VOutpatient 3 DOA	OTHER:	Nome 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH  286. DATE OF INJURY (Mooth, Day, Year)  286. TIME OF (Mooth, Day, Year)  286. TIME OF (Mooth, Day, Year)  287. MANNER OF DEATH  288. DATE OF INJURY AT (Mooth, Day, Year)						D	
1 Netural 5 Pending S—13-90 M 1 YES 2006 UNKNOW					Unknown		
3 Suicide XXXX Quild not be determined  288. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  1 Suicide A Momber or Rural Route Number, Single)  281. LOCATION (Street and Number or Rural Route Number, Single)  282. VACATION (Street and Number or Rural Route Number, Single)  283. VACATION (Street and Number or Rural Route Number, Single)  284. W. Mosher Street, Baltimo							
CONSCIN ONLY		knowledge, death occurre					use(a) and manner as stated.
296 SHANATURE AND TITLE OF CERTIFI	ER / 10			29c. LICENSE NO	UMBER		SNED (Month, Day, Year)
munt he	mell			OCME		▶ 5-	-21-90
30. NAME AND ADDRESS OF PERSON W Margarita A. Ko		OF DEATN (ITEM 27) (Type,	*	Penn Stre	eet,Baltim	ore,MD	21201
31. DATE FOR (MOST 3 POST 1990)	32. REGISTRAR'S	SIGNATURE					
	/ .						

pino

2

OLDACH

	3 Sh		
	S,		
	Pages 1,		
	permit.		
	ial-transit		
2	unq a		
200	as th		
	nse		
-	d for		
2	age 5 should be detached for use as		C.
2	e del		it on
3	DING D		ed
	5 sho		notifi
3 00	age		Ped
	ctor, s		rust
200	dire.		er n
	inera		amir
200	the fi	oval.	al ex
	20	геш	odle
	lled i	n, or	e m
	tely f	matio	4
	alduuc	I, cre	even
2	Did Co	buria	atic
3	Sian a	Or 10	The same
0000	physic	e pri	er tr
1000	ding	lygie!	r oth
oppos.	atten	mal	0 7
210	y the	M Me	ini
THE P	d ber	Ith ar	AUK
Sunh	n sign	f Hea	SAMO
244	s bee	pt. o	3 sh
25	ite ha	ate De	em 2
	rrtifica	he St	or its
A PILINGING THE DATE OF THE THE DATE OF THE THE PROPERTY OF TH	this certificate has been signed by the attending physician and completely filled in by the fun	urs after death with the State Dept. of Health and Mental H	head
2	ufter ti	eath 1	mar
214	JR: A	ter d	9
2	RECTOR: After this	urs at	on 28 is marked or item 23 shows any intury or other traumatic event, the medical examiner must be notified at once.

14048 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR Edward 9:10 P Ligons 20 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 8. AGE /lower has brond # UNDER 1 YEAR IF UNDER 24 HMS. BATHOLAGE (CIN Wa Dr MIN SOT WFrantia AL COTY, TOWN OCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR mo 10d. INSIDE CITY 10b. COUNTY 2 NO FUNERAL 104-711 90DE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or Nomerican Indian 14. BACE PRCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 4 Divorced 60 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done during most of working Do NOT use retired.) (Specify only highest grade completed) Ē Elementary/Secondary (0-12) College (1-4 or 5+) COMPL TOTATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Suma 0 Innan BE 19b. MAILING ADDRESS (Street 2 10 2/223 20a METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Ren PLACE OF DISPOSITION (Name of cometery, cre 20c. LOCATIO 4 Donatiga C Other (Specify) 10N nieter 0 SIGNATURE OF FUNERAL SERVICE LIPENSES 22. NAME AND ADDRESS OF FACILITY 1712 Pa DING 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiretory Approximate shock, or heart failure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition muntes antonorary CARDIOresulting in death) DUE TO (OR AS A CONSEQUENCE OF): months MASTING CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE D if any, leading to immediate cause. Enter UNDERLYING Acquired immunion to (or as a consequence of): immunod CAUSE (Disease or injury that initiated events years resulting in deeth) LAST HIV infector PART ii. Other significant conditions contributing to death but not requiring in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Glood P avivn 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 4 Nursi 1 YES 2 NO ient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined TO THE HOSPITAL OR A TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 379

OLDACH

HOPKINS HOSPITAL

lon

TOHNS

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mD

D

Int. Disease

BALT ..

MA

5-21-90

Blalock 1111,

Div.

347 11 00

Pages 1, 2, 3 should

at or attending proportion.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi		
come of the noshi	should be detached		otified at once.
m. rage o may be	eral director, page 5		miner must be n
IIIE IAW IEULIES IIIA DIE GEARIN LEI IIIE DE CANCOLOS MININ ET MONTO COMO L'AND O MINIS DE L'ANDION DE	ly filled in by the fur	ation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
ום הם פעפרתונים שווווו	sician and complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic event,
at the usall comme	by the attending phy	and Mental Hygiene	y injury, or other
ille idw ledniles un	te has been signed	ite Dept. of Health	em 23 shows an
NOING PHISICIAN:	: After this certifical	death with the Sta	is marked, or it
HUSPITAL UR ALLEI	FUNERAL DIRECTOR	within 72 hours after	TANT: if item 28
10 IHE	THE I	be filed i	MPORT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH OYER 1 CE 7. DATE OF BIRTN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 24797 DAYS HOURS 1 M 2 KF YRS. AUGIL ADD 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALT DIRECTOR RANC IMORE RESIDENCE OF DE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY JARAFANO MARFORD 000W2003 1 TYES TO NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER DRIVE U-S.A 21040 RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced KU COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) RS Moms 16. MOTNER'S NAME (First, Middle, Meiden Surname) 17. FATNER'S NAME (First, Middle, Last) HARL BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 19a. INFORMANT'S NAME (Type/Print) 2 SAME 20a METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Cremation 3 D Bet PARKWOULD METER ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
EVAN CHAPLE OF MEM 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 8800 HARFORD won 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory **Approximate** ehock, or heart fallure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finei disease or condition septicemia day resulting in death) OUE TO (OR AS A CONSEQUENCE OF): utropenia day 5 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING adenocarcinon CAUSE (Diseese or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 24a. WAS AN AUTOPSY PERFORMED? PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 | YES 2 140 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
| Impetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28c. INJURY AT WORK? 28a, OATE OF INJURY 26b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spec/ly) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Nomicide

29c. LICENSE NUMBER 29d. OATE SIGNEO (Month. Day, Year) LA# 1020464

canM. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Rint) 600 N. Walfe.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ee stated.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and menner ea stated.

21205 Baltimore, MD

22. REGISTRAN'S EIGHNAURE

M.D.

296. SIGNATURE AND TITLE OF CERTIFIER

1)

31. DATE FILED (Month, Day, Year)

05 MAY

uncan

4311990

띪

2

DNMN-16 Rev 1/89

Diriting to

The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	C:	Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traum

BE COMPLETED

2

								20	1400	
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	v	YEAR 3. T	IME OF DEATH	
	THELMA Marth	a ERDI	MAN			05 20 199			5 · 45 A M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLAC	CE (State or Foreign	
	216-03-4376	1 - M 2 - XF 78	S YRS.	MONTHS DAYS	HOURS MIN.		911	Mary	land	
	9e. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUN	TY OF DEATH		
DIRECTOR	G.B.M.C6701 N. CHARLES STREET 1 21204 BALTIMORE									
낊	10e. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				I. INSIDE CITY	
# I	MARYLAND BALTIN	MORE COUNTY	COCH	KEYSVILL	Ε			1 [	YES 2 NO	
	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?	
3	10700 WESTCASTLE	E PLACE		21030				A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	ANIC ORIGIN? (Specify Yes	or No-	14. RACE - /	American Indian, hite, etc.		
	1 Never Married 2 X Merried	FORCES? 1 YES			pecify Cuben, Mexi B 2 X NO Spec	can, Puerto Ricen, etc.) cily:		Specify:		
BY	3 Wildowed 4 Divorced	22.54.2			/			WHITE	<u> </u>	
E	15. DECEOENT'S EDU (Specify only highest grade		18e. DECEDENT'S	WORLD OCCUPATI Work done during makes retired.)	ON ost of working	16b. KIND OF BU	BINESS/IND	USTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	utive Se	cretary	Brev	verv			
MPI	12		LXEC	utive 50						
15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  18e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Executive Secretary  18. Mother's NAME (First, Middle)  18. Mother's NAME (First, Middle)  College (1-4 or 5+)  18. Mother's NAME (First, Middle)  18. Mother's NAME (First, Middle)										
BE (	George Daniel Otter Emma Schwartz									
190. INFORMANT S NAME (Typerfills)						n, State, Zip	Cocke	vsville.		
F	Robert B. Erd	man	107	oo weste	astie				eysville, 21030	
	20e. METHOD OF DISPOSITION  1X Burtel 2 Cremetton 3 Removal from State  4 Donetton 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Dulaney Valley Memorial Garden's Timonium, Md.									
1	21, SIGNATURE OF FUNERAL SERVICE LI	27 .	Alexan			chell-Wiede				
	<b>&gt;</b>	Martin D. L	awson			Maryland 2				
	23. PART I. Enter the diseases, or	complications that cause	ed the deeth. Do					est.	Approximata	
		List only one ceuse on						311.	Interval Batween	
	IMMEDIATE CAUSE (Finel disease or condition								Onser and Sea	
	resulting in death)	a. DUE TO (OR AS	A CONSECUENCE	Nev I					-	
	DUE TO (OR AS A CONSEQUENCE OF):									
O	Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
A	if any, leading to immediate cause. Enter UNDERLYING									
5	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):						
CERTIFICATION	reculting in desth) LAST	4								
CE		u								
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  Evolutional part i. 24a. WAS AN AU PERFORME  1   YES 2							RMED?	AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
							2 NO		OMPLETION OF CAUSE DEATH?	
ME						1		1 (	YES 2 NO	
PERFORMED?  1 YES 2 NO  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 DINO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  (Morith, Day, Year)  28. INJURY AT WORK?  28. DASCRIBE HOW INJURY OCCURI										
SIC	1 TES 2 NO	HOSPITAL:	stpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residen	ce 8 🗆 Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,	7 28b. TI	NJURY Y	NJURY AT VORK?	28d. DESCRIBE HOW	INJURY OC	CURED		
ВУ	1 Netural 5 Pending Investigation			M 1 [	YES 2 NO					
144		200 DI ACE OF IN ILLI	DV - At home form	stonet factory of	lloe	201 LOCATION (Street	and Number	or Rural Boul	in Number	

29d. DATE SIGNED (Month, Day, Year)

20/4

28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending investigation M 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be datermined 4 Homicide

29e. CERTIFIER (Check only one)

29 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner or attend.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ea stated.

29c. LICENSE NUMBER

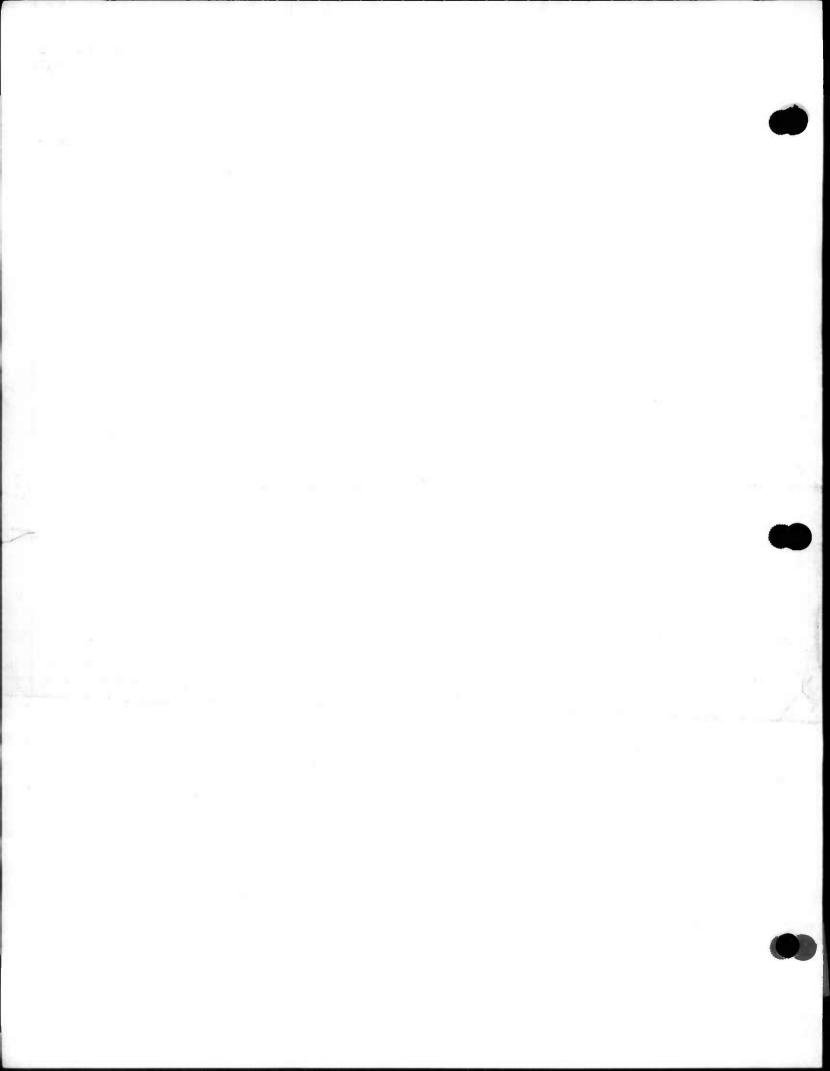
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

29b. SIGNATURE AND TITLE OF CERTIFIER

MANIC

STuomyen 6

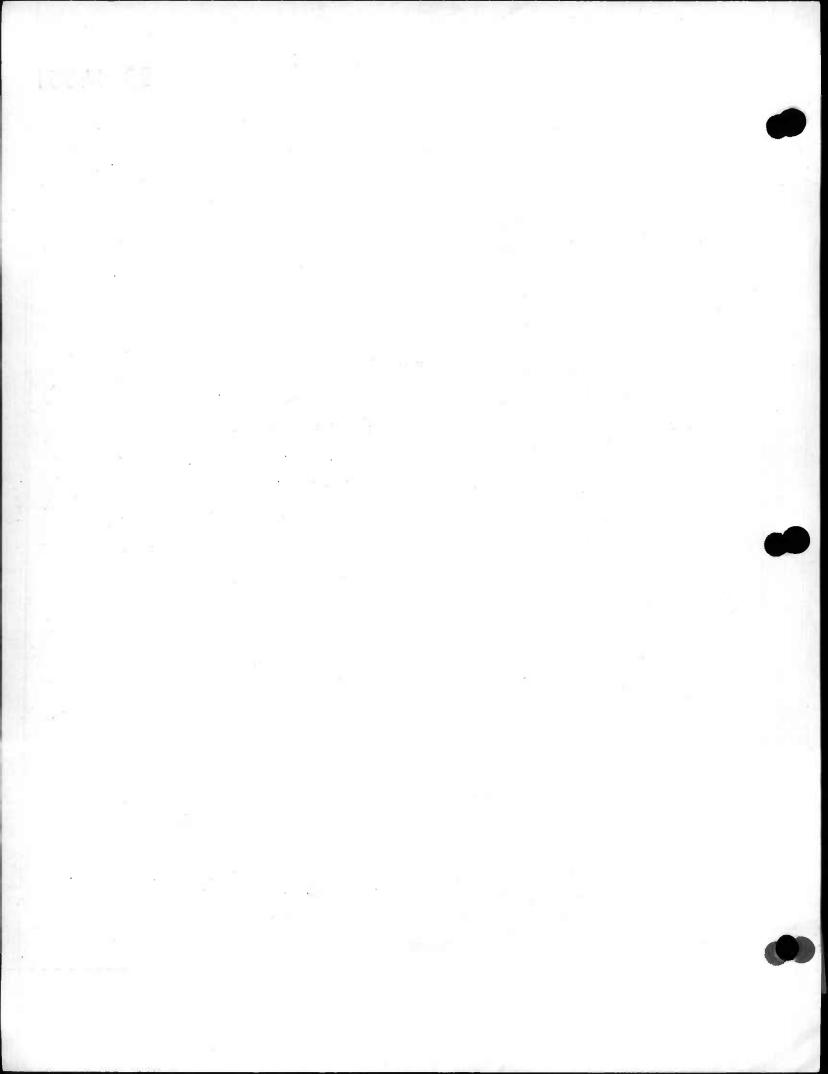
32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	a hours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	illed in by the funeral director, page 5 should be detached for use as the burial
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	in, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	1 - STATE REGISTRAR	OINIL OI I	CI				DEATH	(VICA)	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle,								TE OF OEATN	W 1	YEAR	3. TIME OF	
		• McCRACKAN						$\leftarrow$	20 b	19	990°	12:1	
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (in yrs. las	st birthday) YRS.	MONTHS 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(M	TE OF BIRTH orith, Day, Year)		Count		or Foreign
	214-38-2142  9a. FACILITY NAME (If not institution,	07		9b. CITY, T	O MWO	R LOCATION OF D		10/02	9c. COL	JNTY OF D	EXLAND		
DIRECTOR	1967 WOODLAWN I				LAWN			BALTIMORE					
36	10a. STATE 10b. CC	OUNTY		10c. CIT	Y, TOWN OR	LOCATI	ON					10d. INSIDE	CITY
		BALTIMORE		WC	ODLAW	IN						1 TYES	2 <b>K</b> ) NO
FUNERAL	1967 WOODLAWN I	DRIVE APT.	Ε.			10f.	21207			-	J.S.A	WHAT COUNT	RY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olyorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR OATES	RMEO NO	lf y	yes, epe	ENDENT OF NISPA city Cuban, Maxic 2 X NO Speci	an, Puei		or No	14. RAC Blac Spec WH ]	E — American k, Whita, atc. My: TE	n Indian,
0	15, OECEOENT'S (Specify only highest	EOUCATION	16a. Di	ECEDENT'S	USUAL OCC	CUPATIO	N et of working	T	16b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5	+)	MEMA	ise retired.)	ing inc	it or working		OWN HON	1E			
NO.	17. FATNER'S NAME (First, Middle, Las	st)					18. MOTHER'S NA	AME (Fir	st, Middle, Maiden	Sumame)			
BE (	HENRY VOLTZ						FANN						
10	190. INFORMANT'S NAME (Type/Print) HILDA M. HARDI						OLIADD DI					MD 2	0006
	20a. METHOD OF DISPOSITION	2011					CHARD DI				- City or T		0906
	1 KBurtal 2 Cremation 3 4 Donation 5 Other (Specify)		other p	viace)			METERY					IARYLA	ND
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	10		22. N/	AME AN	D ADDRESS OF F						
	1 Lussill	con	3 KC				EDMONDS( M. & RI						
	23. PART I. Enter the disease shock, or heart fal IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	llure. List only one ca	use on each lin	a. R(	AL	ha mo			UMO 1		SV.	Inter	oximets val Between et and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TD (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.												
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PRESOTERIOR SEPSISE  1 YES 2* NO  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2* NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PRO												
CIA	25. WAS CASE REFERRED TO MEDIO	HOSPITAL:			OTHER:		ACE OF DEATH (C	Check on	ly one)				
YSI	1 TYES 2 NO	1 🗆 Inpatient 2	☐ ER/Outpatient	_	4 🗆 Nursi	ing Nom	e 5 X Rasidence	_					
	27. MANNER OF DEATN  1 X Natural 5 Pending	28s. DATE C (Month,	Day, Year)	28b. TI	ME OF 2		URY AT PRK? YES 2 NO	28d.	DESCRIBE NOW	INJURY O	CCURED		
ED BY	2 Accident Investig 3 Suicide 8 Could n 4 Homicide determi	nome, farm	street, facto				LOCATION (Street City or Town, State		per or Rural	Route Numbe	6		
COMPLETED	CONSTRUCTION	PNYSICIAN: To the best										(a) and	
CO	2 MEDICAL EX	(AMINER: On the besie of	examination and/o	r investigat	ion, in my op	oinion, d			date and place, a				
TO BE	29b. SIGNATURE AND TITLE OF CE	2/3	- Ch	_ع_	7	(	29c. LICENSE N	UMBER	08.	29d. D/	S SIGNE	P (Month, Elay	90
_	DR. HOWARD B.		7 PARK 1			Έ.	BALTIMOR	RE.	MD.		-	(	
	31. DATE FILED (Month, Day, Year) MAY 2.3 100	32, REGISTI	RAR'S SIGNATURE										





#### SALTIMORE, MARYLAND 21203-3146

•••	á
	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ຕົ	44.
13146,	
<u> </u>	
Õ.	•
P.O. BOX	1
o.	
σ,	
ທົ	
9	
0	
Ö	
RECORDS,	
₹	
5	
OF VITAL	
×	
DIVISION	
ž	
5	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND N CATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last		)	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX	IF UNDER 1 YEAR	7. DATE OF BIRTH		HPLACE (State or Foreign			
į	228-368671A	1 M 2 F YRS.	MONTHS DAYS HOURS MIN.	1-10-3	1 to	insylvania			
æ	9a. PACILITY HAME (If not institution, give	Astraet and number)	9b CITY, TOWN OR LOCATION OF DE	ATH .	9c. COUNTY OF	DEATH			
CTO	RESIDENCE OF DECEDENT	The city	TOWN ON LOCATION			10d, INSIDE CITY			
DIRECTOR	10a. STATE		10mit D	9		LIMITS?			
	10s. STREET AND NUMBER	nsun Hu	101, ZIP CODE	10	10g. CITIZEN OF	WHAT COUNTRY			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ADMED	13. WAS DECENDENT OF HISPAN If yes, specify Carben, Mexica	IIC ORIGIN? (Specify Yes	or No TA RAC	DE — American Indian,			
BY F	Never Married 2 Married  3 Widowed 4 Divorced	FORCES? YES YES NO	1 YES 2 NO Specify		10	hite)			
	15. DECEDENT'S ED (Specify only highest gra	de completed) \ \(\frac{1}{16}files kind of we	USUAL DECUPATION ork down during most of working	16b. KIND OF BUS	INESS/INDUSTRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	nt. Man						
COMPLETED	17. FATHERS NAME (First, Middle, (ad)	Lead day	16. MOTHERS NA	ME_Frest, Microbs, Marcien S	Sumame)				
BE	19a. INFORMANT'S NAME (Type)(Print)	19b. MAILING	ADDRÉSS (Street and Number or Rural I	Route Number, City, or Town	Shate, Zip Con	1			
2	Golda	n 260	517051	in pa	1400 M	19/2/6			
	20a, METHOD OF DISPOSITION  Surial 2 Cremation 3 Re  4 Donation 5 Other (Specify)		ITION (Name of cometery, cremator)	eru Ba	TO CO	of M. Tro			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	22. NAME AND ADDRESS OF FA	CILITY DY L	v. No	rto Hue,			
	XIII	orrall	Jun Car	en du	xerse	Approximate			
		er compilicatione that caused the deeth. Do n e. List only one cause on each line.				interval Between Onset and Death			
	disease or condition resulting in death)  e. My O Cardual Infarction  Due To (of As a consequence of):  Carduac brady arry thm (a								
NO	DUE TO (OR AS A CONSEQUENCE OF):								
CATI	ff any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	7):						
L CE	PART is. Other significent conditi	dione contributing to death but not resulting i	in the underlying cause given in	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
SICAL				PERFOR	. 1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEC				_   `		1   YES 2   NO			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
IYSIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Outpetient 3   DOA   28a. DATE OF INJURY 28b. TIM	OTHER: 4   Nursing Home 5   Residence	a Other (Specify)	HINEY OCCUPED				
ву Рн	1 Natural 5 Pending	(Month, Day, Year) INJ	WORK?  M 1 YES 2 NO	280. DESCRIBE NOW II	NJUNT OCCURED				
	2 Accident Investigation 3 Suicide a Could not 4 Homicide determined	28e. PLACE OF INJURY — Al home, farm, a building, atc. (Specify)	street, factory, office	281. LOCATION (Street and Number or Pural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
COM	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  D18327  296. LICENSE NUMBER  D18327								
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IFEM 27) (Type, Print)								
	31. DATE FILED (Month, Day, Year) MAY 23 1990	CMO(10M M)	4660 WILLEW	stre & 2	02 154	lh 21229			
	MAT 23 1990	grand Davidson-Manage							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the	63	0
3	25	a
inec	hon	fle
reta	65 143	noti
be /	900	99
maj	H.	TS.
9	LeCt.	Ĕ
Pag	हा	ne
ath.	J.	E
er de	the fi	i ex
afte	by t	lica
OULS	d in	Hee
24 h	fille on	he
H.	rtely	t, t
D W	mple cre	eve.
cute	d co	110
8	to b	E
Pe	riciai	neu
heate	phys	
per	ling	=
E.	al H	0
de	he all	Ę
#	T Pu	=
tha	th a	E
aires	sign	*
De	of of	Sp
WB	as b	23
The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after clearly with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	E
IAN	rtific Se Si	10
YSIC	s ce	Ď,
포	thin the	arke
OING	Afte	E
TEN	DR:	00
AT AT	RECT.	E
9	2 5	ite
PITAL	RAIL 72	1.1
100	UNE	AN
出	H	OR
0	0 4	A P
-		-

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	HEGISTHAN	CENTIFI	CAIL	r DEATH	HEG. NC	7.			
	1. DECEDENT'S NAME (First, Middle, Last) Adele Frances	Med	ماء		2. DATE OF DEATH	ra c	3. TIME OF DEATH		
1 1		vrs. last birthday)	1111				10 0 - 1		
1			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	- 11	B. BIRTHPLACE (State or Foreign Country)		
	101 40 5555  ¹□M²\particle 77	YRS.			Jan. 16	,191	3 New York		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH		
<u>ت</u> ا	N. Wilson Health Core Center	r	0-11	hersbur	LM D	1	Monta		
DIRECTOR	RESIDENCE OF DECEDENT		COCK	Med Secti	C. ITICA		1101119		
E E	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY		
	New York   Nassau	Gr	eat N	eck			LIMITS?		
	10a. STREET AND NUMBER			10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY?					
₹	53 Rose Ave.			11021			ted States		
	33 Rose Ave.						ted states		
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES?  1 VES	U.S. ARMED		. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— ti yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.					
	IF YES, GIVE WAR OR DAT			1 □ YES 2 □ NO Specify: Whatte					
BY	3 Wildowed 4 Divorced						WILLCO		
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16s. DECEDENT'S	USUAL OCCUP	ATION	18b. KIND OF BI	JSINESS/INDU	STRY		
	Elementary/Secondary (0-12) College (1-4 or 5+)			most of working					
립	4	Homema:	ker		Hom	e			
COMPL	17. FATHER'S NAME (First, Middle, Lest)	-		18. MOTHER'S NAM	AE (First, Middle, Maide	n Surname)			
	Frederick Cording				nces Bus		I		
0	19a. INFORMANT'S NAME (Type/Print) John Meola		# as	et and Number or Rural R	loute Number, City or To	wn, State, Zip (	Code)		
-	John Media	Same	# as	# 10					
1 1	20a. METHOD OF DISPOSITION 20b.	PLACE OF DISPOS	ITION (Name o	cometery, crematory or			ity or Town, State		
	MBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place) Sain	ts Ce	metery	Gre	at Ne	eck, NY		
	21. SIGNATURE OF FUNERAL SERVICE SUCENSEE			E AND ADDRESS OF FAC	YILITY				
	111000		Tve	s-Pearson	Funera	1 Hon	nes		
	VI HINGHO		Āř	s-Pearson,	Va. 222	01-			
	23. PARTA Entar the diseases, or complications that caused	the death. Do n	ot enter the	mode of dying, such	aa cardiac or res	piratory arre	est, Approximate		
1 1	\ ahock, or haart failure. List only one cause on ee						Interval Between Onset and Death		
1 1	IMMEDIATE CAUSE (Final disease of condition	1	1	/ /	1		Onset and Death		
1 1	disease of condition resulting in death)	ance	nce	unjai	uce				
1	DUE TO/OR AS A CONSEQUENCE OF):								
z	- Cardiomyopathy (ischemic)								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
\ \	cause. Enter UNDERLYING	usell	rul	ic he	are C Fi	SCA	cel		
Ē	CAUSE (Disease or injury that initiated events	CONSEQUENCE OF	7):						
1	resulting in deeth) LAST								
삥	d								
	PART II. Other significant conditions contributing to death but	It not resulting	in the under	ying cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
5	Renaltailure					PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
EDICAL	1. Waster				1 □ YES	2 _TNO	OF DEATH?		
Σ	Congrate proving				— L	,	1 TES 2 NO		
z	therefearle Ceffel	Mora	ARRI	larace	reduct				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   PAO   1   Inpatient 2   ER/Outpetlent 3   DOA   4   Phursing Home 5   Residence a   Other (Specify)  27. MANNER OF DEATH   28a. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY AT WORK?									
S	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Output		1						
	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIM	E OF 28c	Home 5 Residence	28d. DESCRIBE HOW	INJURY OCC	URED		
	t Natural 5 Pending (Month, Day, Year)	INJ	URY 1	WORK?					
B	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY	— At home form			281 LOCATION (Street	t and Number	or Rural Route Number,		
8	3 Suicide 5 Could not be building, etc. (Speci	ffy)	misor, motory,	onice	City or Town, Stat		or rough roman,		
I E I	Tomoto determined								
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	edge, death occum	ed at the time,	date and place, and due	to the cause(a) and m	enner as state	ıd,		
ΙΞ	one) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigation	n, in my opini	on, death occured at the	time, date and place,	end due to the	s cause(a) and manner as stated.		
18	CAL CLOSUATION AND TITLE OF ACCUSED	000.000	THE PARTY OF THE P						
m m	29b. SIGNATURE AND TITLE OF CERTIFIER	( Sure	7	29c. LICENSE NUI	ABER	29d. DATE	SHEWED (Month, Day, Year)		
9 0	N'Education alles	Jule		40.0.0	77	3	114/70		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH VITEM 27) (Type	, Print)	7	1	7	0/1		
	14. ROBERT BURSCHA	41H1	111	432	Obem	rec	aus Blod		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	ATURE	-0	Res	1	111	1 108/19		
	MAY 23 1990 L. J. Karishan Ban	delle		الاساد	med	- M	Cakoo.		

## BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending physician.

the buriai-transit permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

e executed within 24-hours after death. Page 6 may be retained by the hospital or attend	an and completely filled in by the funeral director, page 5 should be detached for use as	umatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the state Lept. Or health and welled higher prior to buring, or removed, or removed.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest)

2. DATE OF DEATH DAY MONTH DAY

	REGISTRAR		CI	EKITI	CALE	Ur	DEALH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Roger		С.		ľ	⁄юує	ers		TE OF DEATH NTH DA 0-18-90	) 3. TIME OF DEATH 2:47AM				
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 400 34 9270	5. SEX 1 25 M 2 - F	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER 24 HF	RS. 7. DA N. (M J1	nte of Birth path, Day, Year)	1931	a. BIRTH Countr	PLACE (State or Foreign y) ennessee		
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					EATH				
	University Hospi	tal			Baltimore City n/a									
	RESIDENCE OF DECEDENT				11/4									
	Florida Hills	UNTY 10			ity, town or location Tampa						10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
ا ہے	10e. STREET AND NUMBER							10g. CITI	g. CITIZEN OF WHAT COUNTRY?					
KER/	2915 Pearl Ave.				33611				U.S.					
Ē	11. MARITAL STATUS  1 ☐ Never Married 2 🏋 Married  12. WAS DECEDENT EVER FORCES? 1 💢 YES						CENDENT OF HI pecify Cuban, Ma		GIN? (Specify Yes to Rican, etc.)	or No-	14. RACI	E — American Indian, k, White, etc.		
B	3 Widowed 4 Divorced		AR OR DATES				S 2 NO S				Cau	<sub>my:</sub> icasian		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(G	ECEDENT'S live kind of v b. Do NOT us	vork done d	CUPATI luring m	ON ost of working		16b. KIND OF BUS	CIND OF BUSINESS/INDUSTRY				
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)		)	dar I		11a	tion		Westin	nghou	ghouse			
M	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Melden Surneme)								
	Roger Billy Moy	ers					Mar	v Edi	na Hill					
8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street		-	lumber, City or Town	n, State, Zie	p Code)			
2	Betty Moyers (w	ife)			me a		-							
	20a METHOD OF DISPOSITION	iic)	20b. PLACE				emetery, cremator	v or	20c. LO	20c, LOCATION City or Town, Stata				
	1 N Burlel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)			lace)	of Memories Tampa, FL									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Capitol Funeral Service													
	23. PART i. Enter the diseasea, or o	/ Ma	ull	2	_		1s Chui							
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CE		d												
MEDICAL (	PART II. Other significant conditions contributing to death but not resulting					iderlyli	ng cause give	en in Part	PERFORMED? AVAILABLE PRIOR TO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Ä.:														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 □ NO	26. PLACE OF DEATH (Check only one)  HOSPITAL:  ALT Appettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
¥	27. MANNER OF DEATH	28e. DATE OF		26b. TIR			tome 5 ☐ Rasidence 6 ☐ Other (Specify)  INJURY AT 28d, DESCRIBE HOW			INJURY O	CCURED			
BY PI	1 Netural 5 Pending  25 Accident Investigation		900	7 : 7 :		OOAM 1 YES		D 7 - 1 - 1 - 1 -		an struck by auto		by auto		
0	3 Suicide 6 Could not be detarmined 25e. PLACE OF INJU building, etc. (S			RY — At home, farm, street, factory, office pecify) Road			281. LOCATION (Street and Number or Rural Route Number, Dorsey Road/E. of Ohio							
COMPLET	29a. CERTIFIER (Check and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  **EDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and manner as stated.													
BE	296. SIGNATURE AREATITHE OF CERTIFIER						29c, LICENS			29d. DA		D (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	James Kaplan,MD		·	1		enn	Street	,Balt	cimore,M	1D 21	.201	VC		
	31. DATE FILED (MORRY, Day, Year) MAY 23 1990	fula Davido	AR'S SHOMATURE	2										

20

12011 05

. . . . 0

or I constant

a de de T

W. T. S.

10

DIVISION OF VITAL

use as the burial-transit permit. Pages 1, 2, 3 should iours after death. Page 6 may be retained by the hospital or attending physician. for by the funeral director, page 5 should be detached removal. once. at notified pe must examiner medicai filled in by the completely executed within event, and com o burial, o traumatic 2 the attending physician of Mental Hygiene prior to requires that the death certificate be other 0 shows any injury, been signed by the has be Dept. HOSPITAL DR ATTENDING PHYSICIAN; The law Item DIRECTOR: After this certificate I hours after death with the State Item 28 is marked, or Item TO THE FUNERAL C be filed within 72 h IMPORTANT: If II

29b. SIGNATURE AND TITLE OF CERTIFIER

<u>Mansur</u>

31. OATE FILEO (Month, Day, Year) 23

Khan

1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000

32. REGISTRAR'S SIGNATURE

Franklin Square Drive

BE

2

뿔

90 14055 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAD J. Charles NERTNEY Ma.v 20 1990 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 🗆 F d 9a FACILITY NAME (# not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CO. Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 101. ZIP CODE IOg. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee 11. MARITAL STATUS WAS DECEOENT EVER IN U.S. ARMED If yes, epecify Cuberi, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 NO 1 Never Merried 2 Merried F YES, GIVE WAR OR DATES В 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Mide BE ANT'S HAME (Type MAILING ADDRESS (Street and State, Zlp Code 9 200. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name 2 Cremetion 3 - Re 4 Donetlon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Enfor the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe Onset and Death IMMEDIATE CAUSE (Final diseese or condition Metastatic Malignant Melanoma resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF): Sepsis PHYSICIAN: MEDICAL CERTIFICATION Sequantlelly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immadiata cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in daeth) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 28. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 😾 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 1 TES 2 NO 8 Other (Specify) 28s. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

21237

Baltimore

BECAME TO

. .

-

2.5

1

. .

3 should

IMPORTANT:

223

	es 1	
	mit. Pag	
	insit per	
physicial	burial-tr	
tending	as the	
tal or at	for use	
he hospi	detached	once.
ned by t	onld be	led at
be retair	ge 5 sh	e notif
в е шау	ector, pa	must b
ath. Page	neral dir	miner
after de	by the fu	ical ex
24 hours	filled in on, or re	he med
within	cremati	vent, t
ecuted	ind coil	natic e
8	" Q	
cate be ex	e prior to	er trau
th certificate be ex	ending physician a il Hygiene prior to	or other traus
the death certificate be ex	by the attending physician and Mental Hygiene prior to	injury, or other traus
lires that the death certificate be ex	signed by the attending physician a Health and Mental Hygiene prior to	ws any injury, or other traus
law requires that the death certificate be ex-	as been signed by the attending physician a Jept. of Health and Mental Hygiene prior to	23 shows any injury, or other traus
AN: The law requires that the death certificate be ex	tificate has been signed by the attending physician a state Dept. of Health and Mental Hygiene prior to	ir item 23 shows any injury, or other traus
PHYSICIAN: The law requires that the death certificate be ex	this certificate has been signed by the attending physician a with the State Dept. of Health and Mental Hygiene prior to	irked, or item 23 shows any injury, or other traus
ENDING PHYSICIAN: The law requires that the death certificate be ex-	DR: After this certificate has been signed by the attending physician a ter death with the State Dept. of Health and Mental Hygiene prior to	8 is marked, or item 23 shows any injury, or other traus
at. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2 hours after death with the State Daty, of Health and Mental Hygiene prior to burial, cremation, or removal.	if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 2. DATE OF DEATH MONTH I. DECEDENT'S NAME (First, Middle, Last, 2: 7. DATE OF BIRTH (Month, On Year 6. AGE (In yrs. last birthday) BIRTHPLACE (St IF UNDER 1 YEAR IF UNDER 24 HRS. onth, DAYS HOURS MIN W. VIRGINIA 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE 10c CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY 2 1 YES 2 NO FUNERAL 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE GLENLEA DR. II.S A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indien, Black, White, etc. If yes, specify Cube 1 Never Merried 2 K Merried Specify. Specify: ВУ 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) RET. OIL BURNER MECHANIC A.P. WOODSON COMPANY 17. FATHER'S NAME (First Mickella Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE LEGHA MORRIS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MILDRED NELSON GLEN BURNIE (spouse) GLENLEA DR MΩ 21061 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL MERIVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MD. unille 2= 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximata intarvai Between ahock, or heert fellure. Liet only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition oses resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 4 | Nursi 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 26b. TIME OF 28c. INJURY AT WORK? 264. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, stc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMIN red at the time, date end place, end due to the cause(e) and manner 29b. SIGNATURE AND TITLE OF CERTIF BE 6E ဥ 30. NAME AND ADDRESS OF PERSON

32. REGISTRAB'S SIGN TARE

, 3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within and four death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

						20				
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	GLADYS VIRGINI	IA ORNI	)UFF	2. BOTE OF DEATH	1 1991	THE OF DEATH			
		SEX 8. AGE (In yrs. lest		INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF SHITH (Morth, Day Year)	Country				
	227-22-2029 9a. FACILITY NAME (# not institution, give street		7/51	CITY, TOWN OR LOCATION OF E	5-5-1912 DEATH	9c. COUNTY OF DI	RGINIA			
TOR	FRANKLIN SOUARE HO	DSPITAL		ROSSVILLE		BALTI	MORE			
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?  1 YES XX NO				
	MARYLAND BA	ALTIMORE	<u> </u>	ESSEX 101. ZIP CODE		10g. CITIZEN OF W	701			
FUNERAL	3 HELMSMAN COURT			2122			S.A.			
BY FUI	11. MARITAL STATUS 12.  1	. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYES YAYYN IF YES, GIVE WAR OR DATES	MED IO	13. WAS DECENDENT OF HISPA If yes, spector Cuben, Maxic 1 YES 2 YNO Speci	an, Puerto Rican, etc.)	or No— 14. RACE Black Specif	E — American Indian, c, White, atc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade com-			AL OCCUPATION done during most of working	16b. KIND OF BUS	I INESS/INDUSTRY	WIIZIC			
COMPLET			Do NOT use reti	od.) SCLERK	RF	TAIL				
COM	17. FATHER'S NAME (First, Middle, Last)	- WA	JALL		AME (First, Middle, Maiden S					
BE	CHARLES G ORNOUF		. MAILING ADD	MA PRESS (Street and Number or Rural	RGARET E. S					
유	GENE E. ORNDUFF			ISMAN COURT	BALTIMORE		ND 21221			
	29a. METHOD OR CIBPOSITION 1	20b. PLACE other pit	(cel)	N (Name of cemetery, crematory or		CATION — City or To				
	21. BIONATURE DIVILINERAL DERVICE LACENS	DIKEEN.	MOUNT	CEMETERY 5-2 22. NAME AND ADDRESS OF F	ACILITY					
	* har N	tash	5	DUDA-RUCK FU	FNUF DUNDAL	K. MD	21222			
	23. PART i. Enter the diseeses, or com shock, or heart fellure. List	plicetions thet ceused the det t only one ceuse on each line	ith. Do not e	enter the mode of dying, su	ch es cardiec or reapir	ratory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  e. SULUMENTAL CAUSE (Final disease or condition resulting in death)									
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	QUENCE OF):							
KERT	resulting in death) LAST									
	PART II. Other significant conditions of	contributing to confit but not r	resulting in th	ne underlying cause given i	n Part I. 34s. WAS AN PERFOR		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
PHYSICIAN: MEDICAL	9	J F W	-	ofall	Ine 10 YES 2	two	OF DEATHY			
Z Z	Collinoma / Blosdan									
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINERY HOSPITAL: OTHER:									
ЭНХ	1 NES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 3  28a. DATE OF INJURY (Month, Day, Vear)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED				
ВУ	1 Natural 8 Pending 2 Accident Investigation	28e. PLACE OF INJURY — At ho	1000	M 1 YES 2 NO	28f. LOCATION (Street a	and Number or Burel	Shuda Mumbar			
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	, raint, atte	i, iactory, ornes	City or Town, State)	ING PURIOR OF FIGURE	House Humber,			
COMPLETED	Cornect Orley	N: To the best of my knowledge, de								
	200. SIGNATURE AND FOLE OF CERTIFIER	On the basis of examination and/or	investigation, in	my opinion, death occured at the 29c. NCENSE N			a) and manner as stated.  D (Month, Day, Year)			
TO BE	Modeles	402 Jones	ell	WW D-C	79383	· May	20,1990			
	30 NAME AND ADDRESS OF PERSON WHO C	OMDI ETED CALLOS OF DEATH STE	14 070 CT D-/-	4)		1				

July 32 REGISTRANS MONATURE

31. DATE FILED (MONT) 0.0990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
	2. DATE OF	DEATH

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) Margaret	OWENS		2. DATE OF DEATH May 21°, 1990 ARR 1:45 P							
~	90.6-26-4916 1 □ M 2 ▼ F  9e. FACILITY NAME (If not institution, give street and number)		N OR LOCATION OF DEATH		Co						
OT.	Franklin Square Hospital Ce.	nter Ro	ssville		Balti	liore					
REC	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?					
	Maryland Baltimore  100. STREET AND NUMBER	Dundal	101, ZIP CODE		1 X YES 2 NO						
RA	7232 German Hill Rd. (Merid	ian-Heritage)	21222	USA							
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Merried 2 Merried 3 Wildowed 4 Divorced	ER IN U.S. ARMED 13. WAS YES 2 NO If yes	DECENDENT OF HISPANIC Co., specify Cuben, Mexicen, Pt YES 2 NO Specify:	ORIGIN? (Specify Yee uerto Rican, atc.)	or No— 14. R	ACE — American Indian, lack, White, atc.					
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEOENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	ATION most of working	16b. KIND OF BUS	INESS/INDUSTR						
APL.	Elementary Secondary (C-12)	Clerk		Ins	urance						
CO	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (		Surname)						
BE	Joseph Lewis  190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADORESS (Str		et Reese	State Zin Code	1					
2	Ruth Pegg		Ave., Balt								
	20e. METHOD OF DISPOSITION 1	20b. PLACE OF DISPOSITION (Name of other place)			CATION — City o						
	4 Donotton 5 DOMO (Specify)  21. SIGNATURE OF PUBLISHED SERVICE LICENSEE	Fern Knoll Cem	etery E AND ADDRESS OF FACILITY		allas.	PA					
	J. Genze ato	n ROB	ERT C. ALTEN 9 Harkord Ro	<b>NBURG FUN</b>							
	23. FART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause		mode of dying, such as	s cardiac or respi	ratory arrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Gram Negative Sepsis										
	OUE TO (OR AS A CONSEQUENCE OF):										
ON N	Sequentially list conditions, if eny, leading to immediate  Pneumonia  Due to (or as a consequence of):										
CERTIFICATION	CAUSE. Enter UNDERLYING CAUSE. (Pleases or Injury C.										
E	thet initiated eventa OUE TO (OR resulting in death) LAST	AS A CONSEQUENCE OF):	A CONSCIOENCE OF):								
	DART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
CAL	PART II. Other algniticent conditions contributing to de-	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
ED			1 U YES			DF GEATH?  1 YES 2 NO					
N.				-							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	8. PLACE OF DEATH (Check	only one)	_						
HYS	1 YES 2 NO 1 I Postlent 2 EF  27. MANNER OF DEATH 289. DATE OF INJ		Home 5 Residence 8 Injury AT 28	Other (Specify)	NJURY OCCURE	D					
	1 Natural 5 Pending (Month, Day, 1	bar) INJURY	WORK?								
COMPLETED BY	2 Accident	IJURY — At home, farm, atreet, factory, (Specify)	At home, farm, atreet, factory, office 281. LOCATION (Street			t and Number or Rural Route Number, a)					
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred at the time,	date end place, and due to	the ceuse(e) end me	nner ee atated.						
NO.	one) 2 MEDICAL EXAMINER: On the beste of exam	Ination end/or investigation, in my opini	on, death occured at the tim	ne, date end place, en	nd due to the ceu	use(e) end menner ee stated.					
BE	296 STEWAY THE AND TITLE OF GENTIFIER	ð	29c. LICENSE NUMBE	R	≥ 5-	NED (Month, Day, Year) 24-90					
5	30. NAME AND ADDRESS OF PEHION WHO COMPLETED CAUSE			re, MD	21227						
	Dr. S. Kman 9000 Fran	clin Square Drive	Daitiil	יוכ, ויוט	C177/						
MAT 23 1990 gut bundasi 1											

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DAYE ALED (MONT) 0.0990

theer

M.D

32 REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BE

2

23

	20		
	this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burlat-bransit permit. Pag		
ian.	transit		
PHYSICIAN: The law requires that the death certificate be executed within someours after death. Page 6 may be retained by the hospital or attending physician.	burial		
nding	as the		
or afte	asn .		
spital	of bed		
the ho	detac		-
by by	ad bi		1
retain	5 short		- 41.67
ay be	page		1 4 4
1e 6 m	irector,		-
th. Pa	nerai d		
ter dea	the fur	wal.	
urs at	In by	remo	- 46 -
106 1.7	filled	OU, Of	4
within	pietely	remat	4 4 -
urted	HOO P	uriai, c	
96 696	an and	r to b	
icate t	physici	ne prio	
certif	guipu	Hygiei	
death	e afte	<b>Лепта</b>	
nat the	byth	and A	
lires th	signec	Health	
w regi	peen	pt. of	
The la	e has	te De	-
CIAN	rtificat	he Sta	The second secon
HYSK	this ce	with t	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 8:53 Helen Ket 7. DATE OF BIRTH (Month, Day, Ybar) 4. SOCIAL SECURITY NUMBER 5. SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. COUNTRY DAYS 21754-0943 1 M 2 K F 9a. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Que rekersail BALTIMORE DIRECTOR lowsor RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a, STATE PARYLAND monion 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE BAILIFFS 21093 A. OURT 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, alc.)

1 YES 25 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only high mentary/Seconda ATT 6 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ARRY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 AS FAMILY ABOVE 20e, METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State

1 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State CALLEY JULANEY 201001 22. NAME AND ADDRESS OF FACILITY
EVANS CHAPELOT
ARREST YORK ROAD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OF Mario Kano 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only die cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Electromechanical dissociation DUE TO (OR AS A CONSEQUENCE OF): EUTELE PLEDOKICE DUE TO (OR AS A CONSPICUENCE OF): SEVERE CERTIFICATION Sequentially list conditions. if any, leading to immediate L EMBOLIS
DUE TO (OR AS A CONSEQUENCE OF): ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST ASCVD Injury, or PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 3/P CVA any 1 TYES 2 NO 823-3161 D. scussed & more 1 YES 2 NO 25. WAS CASE REPERRED TO MEDICAL S 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 6 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, Natural 5 Pending 1 YES 2 NO BY Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as stated. IMPORTANT

29c. LICENSE NUMBER

D3690B

29d, DATE SIGNED (Month, Day, Year)

5/17

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Debt. of Health and Mental Hopiene prior to burdal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	23	3 3

	FOR	STATE OF MAD	/I AND / DEDAD	TMENT OF	UEAITU AND I	MENTAL UVCIE	ME.	90 14060	
_	1 - STATE REGISTRAR	STATE OF MARY	CERTIF	CATE O	DEATH	REG. N			
}	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	pay /	3. TIME OF DEATH	
	Florence 4. SOCIAL SECURITY NUMBER		Poe					990 03 A M	
	218-32-5698,	1 M 2 W F	86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) March 22	1904	Maryland	
	9a. FACILITY NAME (If not institution, give a	1		9b. CITY, TOWN	OR LOCATION OF DI	EATH		TY OF DEATH	
5	St. Joseph's Ho	spital		Tows	<u>, מי</u>		Balti	imore.	
DIRECTOR	10e. STATE 10b. COUNTY		TY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	Maryland Balti	more		Cockeysville				1 TYES 2 THO	
\$	10e. STREET AND NUMBER	. /		101. ZIP CODE			10g. CITIZI	EN OF WHAT COUNTRY?	
	317 Lord Byron		ت العروب	$\overline{}$	2103		- 27 - 1	USA	
BY FUNERAL	11. MARITAL STATUS  1	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2VANO	If yes,	specify Cuban, Mexico	NIC ORIGIN? (Specify \ an, Puerto Rican, etc.)	ea or No—	14. RACE — American Indian, Black, White, atc.	
'n	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 1 1	S 2 NO Specif	y:		White	
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPA work done during in the retired.)	TION nost of working	16b. KIND OF B	USINESS/INDU	ISTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)				11000			
COMPL	5th Grade 7. FATHER'S NAME (First, Middle, Last)		Hous	ewife	10 MOTHER'S NA	ME (First, Middle, Maid	emaker		
	Thomas Thomps	on			Comment of the Comment	ence Price			
H	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		ral Route Number, City or Town, State, Zip Code)			
2	Russell Poe		sam	e as 10	e.				
	20a. METHOD OF DISPOSITION 1   Burlel 2 □ Cremation 3 □ Rem	noval from State	20b. PLACE OF DISPOS other place)	SITION (Name of	cemetery, cremetory or			Ity or Town, State	
	4 Donation 5 Other (Specify)		Meadow R				kridge	, Maryland	
	21, SIGNATURE OF THE PARTY OF T	Paul T. Loi	ン chstampfo	Len		hell-Wiede			
T	23. PART I. Enter the diseases, or	complications that cau	sed the death. Do	not enter the r	node of dying, suc	laryland 2 ch as cardiac or rea	piratory arre	est, Approximate	
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one cause o	n each line.	0	Interval Between Onset and Death				
	diseese or condition resulting in death)	My	ocerdi	U I	ntarc	tion		2 Whs	
		DUE TO (O)	AS A CONSEQUENCE O	P):		~		2 wks	
NO.	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury  CAUSE (Disease or injury								
Ž									
	that initiated events	DUE TO (OR /	AS A CONSEQUENCE O	F):					
CERTIFICATION	reaulting in death) LAST	d							
	PART II. Other aignificant condition	na contributing to dear	th but not resulting	in the underly	ing cause given ir	Part i. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
20							2 140	COMPLETION OF CAUSE OF DEATH?	
ME						_		1 TYES 2 NO	
ÿ									
PERFORMED?  1 YES 2 MAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 MAS CASE REFERRED TO MEDICAL  EXAMINER?  1 Tipothent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28. PLACE OF DEATH (Check only one)  OTHER:  1 Tipothent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  EXAMINER OF DEATH  1 Nursing Home 5 Residence 6 Other (Specify)  28. PLACE OF DEATH (Check only one)  1 Nursing Home 5 Residence 6 Other (Specify)  28. PLACE OF DEATH (Check only one)									
HYS	1 VES 2 NO	1 Topatient 2 ER/	RY 28b. TIR	E OF 28c.	NJURY AT	6 Other (Specify)  28d. DE\$CRIBE HO	W INJURY OCC	CURED	
	1 Natural 5 Pending	(Month, Day, Ye	ar) IN	JURY	WORK? YES 2 NO				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc.	URY — At home, farm, (Specify)	street, factory, o	ffice	28f. LOCATION (Stree City or Town, Str		or Rural Route Number,	
E	29a. CERTIFIER	PICIANI To the best of and	manufacione desette ac	and at the start of	ete and alone and di	to the course(s) and	**************************************		
COMPLETED	(Crieck only	SICIAN: To the best of my li IER: On the basis of examin						e cause(a) and manner as stated.	
BE	29b. SIQMATURE AND TITLE OF CERTIFIE	1. San			29c. LICENSE NU	JMBER	29d. DATE	E SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF ERSON W	THO COMPLETED CAUSE OF		e, Print)	1		1 1		
	Uteff.	en Ether	von, in	D	ST_J	seph 1	cospiti	U Towson, hD	

,				
		7.		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and MIMPORTANT: It liem 28 is marked, or liem 23 shows any Inju DIVISION OF VITAL RECORDS

S, P.O. BOX 13146, BAL	BALTIMORE, MARYLAND 21203-3146
death certificate be executed within 24 Hours after deat	e death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.
he attending physician and completely filled in by the funeral director, page 5 should b. Mental Hydiene prior to burial, cremation, or removal.	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Mental Hydiene prior to burial, cremation, or removal.
lury, or other traumatic event, the medical examiner must be notified at once.	sminer must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ļ	1. DECEDENT'S NAME (First, Middle, Last)  2. Date of Death Theodore Pearce 2. Date of Death 5-21-90 DAY YEAR 6:10AM										3. TIME OF DEATH				
ŀ														М	
	4. SOCIAL SECURITY NUMBER	Management Control National Property of the Control		2000	MONT		DAYS	HOURS	R 24 HRS. MIN.	7, DATE OF BIRTH (Month, Day, Year)			Count	**	
	220-01-0327		1 🔀 M 2 🗆 F	71	YRS.				ION OF DE	8/19/	/18		MAR NTY OF D	YL AND	-
~	St. Agnes					1			City			9c. COU		EAIH	
وَ ا	RESIDENCE OF DEC	~	.tai			Da	.1 (-1)	HOLC		Υ		<u> </u>			$\dashv$
E	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
ä	MARYLAND BALTIMORE					CAT	CONS	VILL	Æ					1 YES 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER						101	ZIP COD	E			10g. CITI	IZEN OF	WHAT COUNTRY?	
띨	P.O.BOX 323	5						2122				L		S.A.	_
5	11. MARITAL STATUS  1 X Never Married 2	Married	12. WAS DECEDER FORCES?	YES 2		1 1	f yes, sp	ecify Cub	en, Mexica	ilic ORIGIN? (! n, Puerto Rici		or No	Blac	E — American Indian, k, Whita, atc.	- 1
BY	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES		1	YES	2 X NO	Specify	y:			Spec	WHITE	- 1
		EDENT'S EDU		16a.	DECEDENT'S	USUAL OC	CUPATIO	ON .		16b, KI	ND OF BUS	SINESS/INC	DUSTRY		$\neg$
COMPLETED	(Specify onl	y highest grade 1-12)	Coffege (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	ounng mo	at or work	ing						- 1
APL	10				UNEMP	LOYEI						NON	E		
Ö	17. FATHER'S NAME (First, M							18. MO	THER'S NA	ME (First, Mide	dle, Maiden	Surname)			
BE (	WILBERT HARI		PEARCE						LOUI	_				_	
2	19a. INFORMANT'S NAME (									Route Number,					
	GROVER W. PI			P.O.BOX 888 , ET						DWAH, NORTH CAROLINA 28729  1 20c. LOCATION — City or Town, Starta					
	1 N Buriel 2 Crematic	on 3 🗆 Ram	oval from State	LOUD	other place) UDON PARK CEMETERY				BALTIMORE, MARYLAND						
	21. SIGNATURE OF FUNERU	22. NAME AND ADDRESS OF FACILITY									$\neg$				
	· Ke	Lussellew the					LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228								
T	23. PART I. Enter the d													Approximate	
- 1	shock, or h IMMEDIATE CAUSE (Fi		List only one ca	use on each i	line.									Onset and De	
Ì	disease or condition resulting in death)	<b>→</b>	Aspira	ation o	f for	eign	mat	eria	1 (fo	od bol	lus)	with	com	plications	5
	Aspiration of foreign material (food bolus) with complications  oue to (or as a consequence of):														
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY														
표	CAUSE (Disease or injuthst initiated events		OUE TO	O (OR AS A CON	ISEOUENCE (	DF):									
ERT	resulting in death) LAST														
	PART ii. Other signific	ant condition	ns contributing t	o death but n	ot resulting	in the u	nderlyin	g cause	given in	Part I. 2	4e. WAS AN		24	b. WERE AUTOPSY FINDIN	NGS
MEDICAL	Schizophr	enia,	hyperte	nsion	(Clin	(Clinical)				PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	BE	
9						,				1 ☐ YES 3/OXNO			1 U YES THE NO		
_						INSPECTION									
NA N	25. WAS CASE REFERRED	TO MEDICAL				T		LACE OF	DEATH (C	heck only one)					=
SIC	THE 2 □ NO		HOSPITAL:	☐ ER/Outpatien	t 3 🗆 DOA	4 Nu		me 5 🗆	Realdence	6 🗆 Other (	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5	Pending	26a. DATE 0 5-1.3	Des (bar)	26b. TI	ME OF 45PM	W	JURY AT	78.5		RIBE HOW			n food	
BY	X2XXX Accident	Investigation		OF INJURY A				YES &	+53 NO					I Route Number,	$\dashv$
	3 Suicide 8 4 Homicide	Could not be determined	buildin	g, atc. (Specify)	Insti			Cal						ital, Cator	ns-
LET	29a. CERTIFIER		101A11- T- 11- 1- 1- 1		4 44 44		star de			ville	e, Ba	ltim	ore	County, MI	
COMPLETED	(Check am)	-1777	ER: On the basis of					- 18 - 1						(a) and manner as state	ıd.
	- Ann	E OF CENTIFIE							ICENSE NU					ED (Month, Day, Year)	$\dashv$
B	296. INGINATURE AND THE	20/	10					290.0	OCM			<b>&gt;</b>		-22-90	
2	30. HAME AND ADDRESS	DE DERSON W	HO COMPLETED CA	USE OF DEATH	(ITEM 27) (Ty)										
0.5	James Kap		D \				111	Penr	Str	eet,Ba	altim	ore,	MD 2	1201	VC
	James Kaplan,MD 111 Penn Street,Baltimore,MD 21201 vc.														



Marine medi

ne all on profited

hos	sche		63
the	det		Onc
3	8		20
ined	out		Hed
retai	5 sh		100
2	90e		90
may	d 5		St
6	rect		Ē
Page	al di		ner
ath.	uner		am
er de	the f	Zai.	i ex
afte	3	emo	dica
Moura	E P	07.0	E
'n,	fille	Hon,	the
ulu.	etely	ernat	H,
M po	ртр	L Cr	eve
cute	o pu	ouria	tic
900	u ar	9	Ima
le be	sicia	Drior	tra
ifical	P	ane o	hor
Cert	ding	ğ	r ot
eath	atten	Ital	0 %
e d	the	Mer	Jun
at th	3	and	ly le
S II	Denc	atth	10 1
quir	n Sig	f He	MO
W re	pee	of. 0	3 Sh
e la	has	Dei	1 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an innum after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacible	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removai.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ICIA!	ertif	the	0
HYS	his c	with	ked,
G P	ter ti	ath	mar
NDIA	R: Af	ar de	69
MIE	E G	afte	28
OR /	JINE.	OURS	Hell
MI	ALC	72	200
SPI	NER	hin	M.
SE H	E	J WIL	RITA
E	产	file	PO
2	2	2	=

RONALD

D.

31. DATE FILED (Month Pay, Year) 1990

WOND;

	FOR 1 . STATE	STATE OF MARYLAND					MENTA		E	, 0	14006
	REGISTRAR  1. DECEDENT'S HAME (First, Middle, Lest)  STANI		ERIIF	ICATE	OF	DEATH	2. DATE MONT			YEAR	TIME OF DEATH
		6. SEX 6. AGE (In yrs. Is 68 et and number)	yrs.	MONTHS 9b. CITY,	DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF E	Maj	of BIRTH th, Day, Year) 7 5, 19	22	8. BIRTHPLA Country)	CE (State or Foreign
TOR	Maleolm Grow Hospi	tal		And	lres	w A.F.B	•		Pri	ace Ge	orge's
DIRECTOR	Maryland Prince	e George's	196.55	y, town or							I. IHSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND HUMBER 2336 Kenton Place				10f.	20748	3			J. S.A.	COUNTRY?
BY FUN		2. WAS DECEDENT EVER IN U.S. A FORCES? 1 2 YES 2 T IF YES, GIVE WAR OR DATES	RMED	If	yes, spe	ENOENT OF HISP/ celfy Cuben, Mexic 2 HO Spec	en, Puerto		or No-	Black, W	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)	impleted) (	ECEDENT'S Give kind of to. Do NOT u	work done di	uring mos		168	Milit		JSTRY	
BE COMF	17. FATHER'S HAME (First, Middle, Last)  John Pencola		0.5.	na v,		18. MOTHER'S N	AME (First,	Middle, Meiden			
TO E	190. IHFORMAHT'S HAME (Type/Print)  Mary Pencola (Wif			ADDRESS		nd Number or Rura	l Route Nun	nber, City or Tow	n, State, Zip	Code)	
	20a_METHOD OF DISPOSITIOH 1 Burlel 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)	20b. PLACE	e of Dispo			netery, crematory or				Own, E	
	21. SIGNATURE OF FUHERAL SERVICE LICENTAL SERVICE LICENTA	USEE STATE	eis	22. H	Ca	pitol F	unere		rice		
	23. PART I. Enter the diseases, or co- shock, or heart fellure. Li- IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused tha dat only one cause on each lin	10.		tha mod	de of dying, su	ch aa car	diac or reapi	retory arre	est,	Approximata interval Between Onset and Death
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A CONSI HYPOTENTION DUE TO (OR AS A CONSI SEPSIS	EOUEHCE O	F):							
	that initiated events resulting in death) LAST	BOWEL OBSTE		,	OR :	INFARC	TION				
MEDICAL C	PART II. Other aignificent conditions SQUAMOUS CELL LYMPH GLANDS A	CARCINOMA ME	ETAST			cause given i	n Part I.	24a. WAS AN PERFOF 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	a (1 pos	OTHER	:	ACE OF DEATH (C					
ву РНУ	27. MANHER OF DEATH  1 \( \text{Natural} \) Natural 5 \( \text{Pending} \) 2 \( \text{Accident} \) Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIN		28c. INJU	DRY AT RESIDENCE PROPERTY OF THE PROPERTY OF T	-	er (Specify) SCRIBE HOW I	NJURY OCC	UREO	
ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm,	street, facto	ry, office		261. LOI City	CATIOH (Street of or Town, State)	and Number	or Rural Rout	Number,
COMPLE	torious oraș	AN: To the best of my knowledge, on the basic of examination and/or									d menner ee stated.
BE	SUDNATURE AND TITLE OF CERTIFIER					29c. LICENSE N	JMBER				AY 90
임	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type	Print)	MAT	COIM	CDOLL	MEDT	CAT	CENTE	T.D.

CAPT, USAF, MC

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AL CENTER 20331-5300

ANDREWS AFB,

MALCOLM GROW MEDICAL

MD

as a commence of the control of the	TO THE HOSPITAL OR ALTENDING PHYSICIANT THE TWO REquires that the Described writing the graduates within a recommend by the inspirator of	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the build-lidates the funeral director.	be filed within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burnal, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ALTER	TO THE FUNERAL DIRECTOR	be filed within 72 hours after	IMPORTANT: If item 28	

	FOR STATE REGISTRAR		STATE OF I					EALTH AND N DEATH	MENT	AL HYGIENE REG. NO.		9	U	1408	53
	1. DECEDENT'S NAME (First, A	Middle, Last)	PETR	ick	4				2. DAT	TE OF DEATH		YEAR 90	3. TIME	OF DEATH	м
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (in yrs.		IF UNDER I	YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	PR. 25,19	001	8. BIRTH Count	ny)	State or Foreign	٦
į	576-42-9199		1 M 2 KF	89	YRS.	ar corr		R LOCATION OF DE		R. 25, 15		NTY OF D		KILAND	$\dashv$
R	9a. FACILITY NAME (If not inst MERIDIAN					96. GIV,		NDALLSTO					PIMO	RE	
DIRECTOR	RESIDENCE OF DECE	10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ON					10d. INS	SIDE CITY	∃
SIR	MARYLAND	100. 0001111			100.01	-		MORE					LIN	AITS? ES 2 NO	- 1
	10e. STREET AND NUMBER							ZIP CODE			10g. CITI	ZEN OF	WHAT CO	UNTRY?	┪
ER/	1700 MERIDE	N DR.						21239	)		U	JSA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2			NT EVER IN U.S., I YES 2 [ WAR OR DATES		1 11	yes, spe	ENDENT OF HISPAN ocity Cuben, Mexica 2 NO Specify	n, Puerl		or No-	Blac	k, Whita,	ricen Indian, etc. HITE	
	21	DENT'S EDUC	ATION	160	DECEDENT'S	USUAL OC	CHRATIC	AI	1	16b. KIND OF BUS	INESS/INC	DUSTRY			$\dashv$
COMPLETED	(Specify only  Elementary/Secondary (0-	highest grade o	completed) College (1-4 or 5		(Give kind of life. Do NOT L	work done o	uring mo	st of working	- 1						١
IPL.	10	,		<u>'</u>	Н	OUSEW	IFE			AT 1	HOME				_
S	17. FATHER'S NAME (First, Mic	ddle, Last)						18. MOTHER'S NA							
H	HARRY TABAC								ANN		ISCH				4
2	19a. INFORMANT'S NAME (Ty							NOLL RD		umber, City or Tow BALTIMO			2120	8	-
·	GERSON TABO 209. METHOD OF DISPOSITION	ON		20b. PLA				netery, cremetory or			CATION —	_			⊣
	1 Burial 2 Cremation 4 Donation 5 Other	n 3 🗌 Remo	wel from State	othe	PARKW					BA	LTIMO	ORE,	MD		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE D			22.	NAME AL	DL LEVIN	SON	& BROS	., II	NC.			
	bel	5 %	) To	errice	+	1		REISTER					MD	21215	5
		esrt fsllure. L	omplications th			not enter	the mo	de of dying, suc	h ss c	ardisc or respi	ratory ar	rest,	- In	pproximats itsrval Betweenset and Dea	
	IMMEDIATE CAUSE (Findisesse or condition resulting in death)	ai → ,	$\alpha$	No	ioso	leso	2	>					_		
			DUE TO	O (OR AS A CON	ISEQUENCE (	OF):							İ		
CERTIFICATION	Sequentisily list condition if sny, isading to immediately cause. Enter UNDERLYII	dists	DUE TO	O (OR AS A CON	SEQUENCE	DF):									
FIC	CAUSE (Disease or injustrat initiated events	ry	DUE T	O (OR AS A CON	SEQUENCE	DF):							_		$\neg$
E	resulting in death) LAS	T .	1												
	PART II. Other significa	nt condition	a contributing t	o death but n	ot resulting	In the ur	derfyln	g cause given in	Part I	. 24a. WAS AN		24		AUTOPSY FINDING	38
CAL		_								PERFO	1117			BLE PRIOR TO ETION DF CAUSE VTH?	
MEDIC														ES 2 NO	- 1
ä															
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF DEATH (C	heck onl	ly one)					
YSI	1 TYES 2 NO		1 Inpatient 2		_	100	ning Hon	ne 5 🗆 Residence	_						-
	27. MANNER OF DEATH	Pending	28a. DATE ( (Month,	Day, Year)		ME OF NJURY	W	JURY AT ORK? YES 2 NO	284.	DESCRIBE HOW	INJURY O	COMED			
ВУ	2 Accident	Investigation	28e. PLACE	OF INJURY — A	t home, farm	, street, fac		LIVA II — II I	281.1	LOCATION (Street	and Numbi	er or Rura	I Route Nu	ımber,	$\dashv$
TED		Could not be determined	buildin	g, etc. (Specify)						City or Town, State	)				
COMPLETED	29a. CERTIFIER 1 DEERT	TIFYING PHYSI	CIAN: To the best	of my knowledge	, death occu	rred at the	time, det	and place, and du	e to the	cause(s) and me	nner sa st	ated.			
MC	(Check only one) 2 MEDI	ICAL EXAMINE	R: On the basis of	axamination and	d/or investiga	tion, in my	opinion,	death occured at the	e time,	data and place, a	nd due to	the cause	e(a) and m	nanner sa stated.	
ECC	29b. SIGNATURE AND TITLE	OF CERTIFIE	F1 -	А				29c, LICENSE NU		-1:1	29d. DA	TE SIGNI	D (Month	Day, Year)	
0	yeu	ne t	+ - Cr	story	m	1		D2	0	964	<b>•</b>	5/	19/	90	
욘	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CA	WSE OF DEATH	(ITEM 27) (Ty	pe, <i>Print</i> )									

32. REGISTRAR'S SIGNATURE
Sulia Savidson-Randall

31. DATE FILED (Month, Day, Year)
MAY 23 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

## CTATE OF MADVIAND / DEPARTMENT OF MEALTH AND MENTAL MYCIENE

1 - STATE REGISTRAR	SIAIE UF M		CERTIF					MENIA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF OEATH	W.	YEAR	3. TIME OF PEATN
ETH	EL PERE	L								1990	TEAR	24° A "
	SEX	6. AGE (In yrs		IF UNCE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTN th, Day, Year)		8. BIRTNP Country)	LACE (State or Foreign
210 07 7003	□ M 2 💢 F	70	) YRS.	all Olivins	DATE	HOUNS		DEC		1919	M	ARYLAND
9a. FACILITY NAME (If not institution, give street				9b. CIT	Y, TOWN O			EATH		9c. COU	NTY OF OE	
6962 MILBROOK PA	RK DR.,	APT.	2B		BA	ALTI	MORE				В	ALTIMORE
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c CIT	Y TOWN	OR LOCAT	ION					1	10d. INSIDE CITY
	ALTIMOR	E	100.01	1, 101111		rimoi	RE					LIMITS?
10e. STREET AND NUMBER	ALLINON		1			ZIP COD				10g CITI		IAT COUNTRY?
6962 MILBROOK PARK	DR., A	PT. 2	3					215			US	
	WAS DECEDENT		_	13.	WAS DEC	ENDENT C	OF NISPAN	VIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2	<b>⊘</b> NO		If yes, spe				Rican, atc.)		Black, Specify	White, etc.
3 Widowed 4 Divorced						X					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade com-		16a	. DECEDENT'S (Give kind of	work done	during mos	N st of workin	ng	16	b. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12) C	ollege (1-4 or 5 +	-)	life. Do NOT ut					- 1		יח ג	HOME	
12				HOU	SEWI						HOUR	
17. FATNER'S NAME (First, Middle, Lest)								-,	Middle, Maiden	Sumame)		
MAX SILVER								<u> </u>				
19a, INFORMANT'S NAME (Type/Print)									APT. 2		ALTO.	MD 21215
FRED PEREL								11. /				/
20s. METHOD OF DISPOSITION  1 Removal	from Stata	oth	ACE OF DISPOS or place)	SITION (N	lame of cen	netery, crer	natory or				City or Tow	
4 Donation 5 Other (Specify)	FF /		HEBREW		NG M		SS OF FA	CILITY				
Seal Dagger	No.	.0							BROS.	INC		
- COO VSUCE	Jul	res.	200						N RD		TO M	D 21215
23. PART I. Enter the diseases, Dr com shock, or heart failure. List				npt ente	r the mo	de of dy	ing, suc	h es ca	rdiac pr reap	iratory an	reat,	Approximate interval Between
IMMEDIATE CALISE (Final					4	,,						Onset and Desth
disease or condition resulting in death)	Metas	tatic	Ken	al	al	//	Car	cin	ma			5 years
	DUE TO	(OR AS A CO	NSEOUENCE O	OF):								/
Sequentisity list conditions, b	DUE TO	/OD 10 1 001										
if eny, leeding to immediate cause. Enter UNDERLYING	002 10	(UH AS A CUI	NSEOUENCE O	)F):								
CAUSE (Disease or injury \$ c	DUE TO	(OR AS A CO	NSEQUENCE O	OF):								1
that initiated eventa resulting in deeth) LAST												
d												
PART II. Other significent conditions of							given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Breast Co				stec	ימרעל:	5			1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
leptic ula	er D	15895	2			/						1 NES 2 NO
						_						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHE		ACE OF E	DEATH (C	neck only	one)			
1 Tes 2 NO	Inpetient 2		_	4 🗆 Nu	insing Hom		ealdenca		ner (Specify)			
27. MANNER OF DEATN  1 Netural 5 Pending	26a. DATE DF (Month, D		26b. TIA	ME DF JURY M		PK?		28d. DI	EŞCRIBE NOW	INJURY OC	CURED	
2 Accident Investigation						YES 2 [	_ NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	atc. (Specify)	A1 homa, farm,	street, fa	ctory, offic	•			CATION (Street y or Town, State,		r or Rural Ri	oute Number,
								L				
29a. CERTIFIER (Check only one)	_											
2 MEDICAL EXAMINER: C	On the beals of a	xamination an	d/or investigati	on, In my	opinion, d	leath occu	red at the	time, de	ta and placa, a	nd dua to ti	he cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	10.	00				29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
70	Thi	lil	·	10		D	38	119		<b>&gt;</b> /	May	17,1990
30. NAME AND ADDRESS OF PERSON WND C	OMPLETED CAU	SE OF DEATN	(ITEM 27) (Type	e, Print)		1	HI.					
22 South	GN	lene	57		139/	+	1	0	171	201		
OA DATE EN ED MANNE DON MANN	I AS DECICEDA											

MAY 23 1990 Julia Savidson-Rondale

DHMN-16 Rev 1/89

- 2

1.

1 t	em	/;	G-6	0.3
5/	23/	90;	dr	

	5/23/90; dr FOR STATE REGISTRAR	STATE OF MA		EPARTMENT			MENTAL HYGIEI	14	90	14065
-	1. DECEDENT'S NAME (First, Middle, Last)			- agranica sida		Jan 18	2. DATE OF GEATH	DAY	YEAR	IME OF DEATH
	Alphonso			AM			May 15,	1990		:02 P M
		5. SEX V □ X N X 2 □ F	S. AGE (In yrs. last bir	YRS. IF UNDER		HOURS MIN.	7. DATE OF BIRTH	Pa	8. BIRTHPLAC Country)	MISSI.
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY	, TOWN OF	LOCATION OF DE		9c. COUN	ITY OF DEATH	
TOR I	Maryland Genera		ital	Ва	1tin	ore Ci	ty			
DIRECTOR	10a. STATE 10b. COUNTY		1	BALTI		ON			l X	. INSIDE CITY LIMITS? ] YES 2 _ NO
FUNERAL	100. STREET AND NUMBER 2065 FIRST AVE	. APT (	6 F			ZIP CODE . 0 0 2 9		10g, CITIZ	USA	COUNTRY?
B⊀	11. MARITAL STATUS  1 Naver Married 2 Married  3 WWidowed 4 Divorced	12. WAS DECEOENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMEI YES 2 NO R OR DATES	6	If yes, spec		NIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	os or No—		American Indian, lita, atc. _ A C K
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION ompleted) College (1-4 or 5+)	(Give I	DENT'S USUAL O kind of work done NOT use retired.)	during mos	of working	16b. KIND OF B	JSINESS/IND	USTRY	
MPL	10th GRADE				1	18 MOTHED'S NA	BALTO		HIO F	RAILROAD
BE CC	ALFRED PULLIAM									
5	194. INFORMANT'S NÂME (Typo/Print) THELMA FOREMAN					Number or Rural I	PT 1018			1D.21201
Ì	20a. METHOO OF DISPOSITION 1 A Burial 2 Cremation 3 Remove 4 Donation S Other (Specify)	al from State	SPRIN			etery, crematory or METERY	. 400		City or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE		22.	NAME AN	ADDRESS OF FA	CILITY			
	> Glada	W20	Chan	W	м.С.	MARCH	F.H. 110	1 E.	NORTH	AVE.
	23. PART i. Enter the diseases, or conshock, or heart fellura. Li			n. Do not enter	r the mod	le of dying, suc	h es cardiec or res	piratory err	est,	Approximete Interval Between Onset end Death
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)		rtensio		special in	6 - Op.				many you
MOIT	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING		rioscle OR AS A CONSEQUE		Card	liovasc	ular Di	sease		Yrs
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	OUE TO (	OR AS A CONSEQUE	ENCE OF):	. 4	07		10		
4	PART ii, Other significent conditions	contributing to	death but not res	uiting in the u	nderlying	ceuse given in		N AUTOPSY ORMEO?	AWA COI	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH?
: ME									1 [	YES 2 NO
PHYSICIAN: MEDICA		HOSPITAL:	ER/Outpatient 3 🗆	OTHE	R:	ACE OF DEATH (Ch				
	27. MANNER OF DEATH  1 😾 Natural 5 🗆 Pending	28a. DATE OF I	NJURY 2	88b. TIME OF INJURY	28c. INJU	IRY AT	8 Other (Specify)  28d. DESCRIBE HOV	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, a	INJURY — At home etc. (Specify)	, farm, street, fac		ES 2 NO	281. LOCATION (Stree City or Town, Sta		or Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICI CONTROL ON 1 CERTIFVING PHYSICI CONTROL O	74345 - 354								d menner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	Nacer		75 (GR		29c. LICENSE NU		-	E SIGNED (Mo	
2	30 NAME AND ADDRESS OF PERSON WHO	(		Th (Some Defeat)		P 10	500		5/18	170

c/o Maryland General Hospital

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Naeem,

M.D

32. REGISTRAR'S SIGNATURE

Bandalle

Amatun

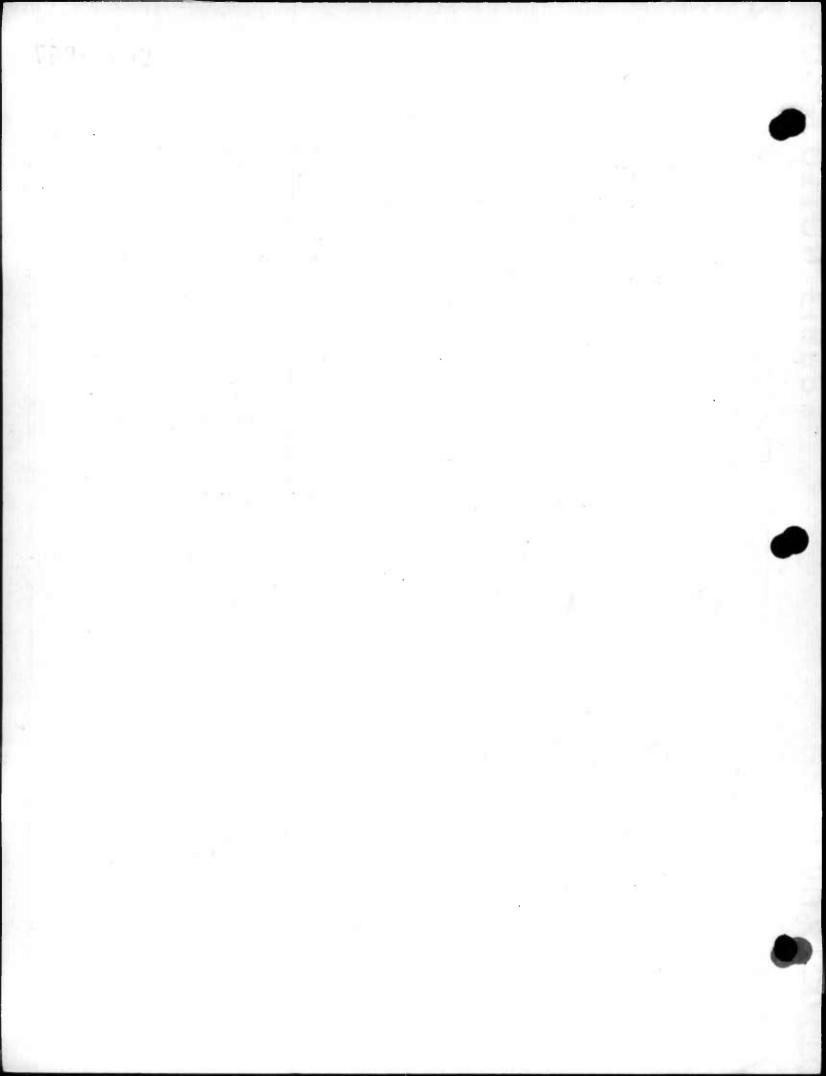
N.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	fental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th	THE FUNERAL DIRECTOR: After this certificate has been signed by the	filed within 72 hours after death with the State Dept. of Health and N	PORTANT: If item 28 is marked, or item 23 shows any inj
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th	THE FUNERAL DIRECTOR: After this certificate has been signed by the	e filed within 72 hours after death with the State Dept. of Health and N	MPORTANT: If item 28 is marked, or item 23 shows any inj

•	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT	OF H	EALTH DEAT	AND M		YGIENI EG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last) DANIELLE Louise	ROBERTS						2. DATE OF C	DEATH DA	199	3. TIME OF DEATH 12:20 p.m.m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. 1 \( \sum M 2 \( \subseteq F \)	lasi birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day	y, Year)		D. BIRTHPLACE (State or Foreign Country)
OC.	9a, FACILITY NAME (If not institution, give st THE JOHNS HOPKIN	reet and number)				R LOCATIO	ON OF DEA	April	10 1	9c. COUNT	Maryland Y OF OEATH
Ö.	RESIDENCE OF DECEDENT_	- HOUTTIAL		DAL	1 IIIC	KE C	TIX			BAL	TIMORE CITY
DIREC	Maryland Bal	timore		y, TOWN O							10d, INSIDE CITY LIMITS? 1 YES 2 X NO
AL	10e. STREET AND NUMBER				101.	ZIP CODE				10g. CITIZE	EN OF WHAT COUNTRY?
E I	1623 Bellona Ave					210					JSA
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 X Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES			If yes, spe	city Cuba		C ORIGIN? (S , Puerto Ricar		or No—   1	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	OECEOENT'S (Give kind of life. Do NOT u	Work done se retired.)	CCUPATIO during mos	N st of workin	19	16b, KIN	D OF BUS	INESS/INDU	STRY
OM	17. FATHER'S NAME (First, Middle, Last)			IV/A		18. MOTH	HER'S NAM	IE (First, Middl			
BE C	Richard Roberts					De	enene	Robe	erts		
TO B	19a. INFORMANT'S NAME (Type/Print)  Mr. & Mrs. Rich	ard Roberts	19b. MAILING			nd Number	or Aural Ac	oute Number, C	City or Town	n, State, Zip C	Code)
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	oval from State othe	CE OF DISPO					a wala m			ity or Town, State
	21. SIGNATURE OF PUNETAL SERVICE LIC	Majamenoc	tampfo	1	Lemi	mon-	Mitcl	hell-W	iede	feld	m, Md.
$\neg$	23. PART I. Enter the diseases, or o	complications that caused the	death. Do					Maryla as cardiac			
	immediate Cause (Finel disease or condition resulting in deeth)	List only one couse on each	2513								Interval Between Onset and Death
_		Pentom 173	SEQUENCE O	OF):							2 days
ATIO	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CON	Penta	ATTO	'n						2 days
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A COM		Hoce	lih)						2days
	PART II. Other eignificant condition	na contributing to deeth but n	ot resulting	In the U	nderivine	D Cause	alven in i	Part 1. 24	a. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Prematunty								PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
Ξ.								-			1 NES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF D	EATH (Che	ck only one)			
IXSI	1 VES 2 NO	1 0 Inpatient 2 ER/Outpatien 28s, DATE OF INJURY	11 3 □ DOA	4 🗆 Nu		_	asidence	6 Cother (S)		N IIIBY OCC	UBEA
ВУ Р	1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	IJURY M	1 🗆 '	YES 2	□ NO				
	3 Suicide 6 Could not be 4 Homicide datermined	26a. PLACE OF INJURY — A building, etc. (Specify)	t home, farm,	street, fac	tory, offic	:0		28f. LOCATION City or T	ON (Street own, State)	and Number (	or Rural Route Number,
COMPLETED	CONSUM ONLY	ICIAN: To the best of my knowledge ER: On the basis of examination and									
H	296. SIGNATURE AND TITLE OF CENTIFIE	Elenno				29c. LIC	ENSE NUM	IBER		29d. DATE	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WITH	HORKINS HOSPIT	(ITEM 27) (Typ	oe, Print)					••	•	
	White Files Month, Day, Year) July	32. REGISTRAR'S SIGNATUR	RE			-					

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	consequences of the contract o
5	1 wit	mple	Cre	PATE I
	cute	03 D	urial	dia .
DIVISION OF THE COURCE, T.C. DOX 1015,	e exe	an ar	8	0000
	ate b	ysici	prio	-
	artific	ng pi	giene	adha
	th c	lendi	HH	100
60	e dea	ne at	Venta	-
į	at th	by th	pue	of Im
5	s th	paul	atth	-
	quin	an Si	of He	A contract
	aw re	s pee	pt.	6
Ç	The S	e ha	te D	-
	AN:	iffical	Sta	180
	SICE	cert	中	-
	PH !	THE STATE OF	W C	-
5	DING	Afte	deal	-
2	TTEN	HOT.	after	00
-	OR A	DIRE	DUL	1
d	IAL	RAL	121	6.0
	HOSP	UNE	vithin	Value av
	THE I	光	Bled 1	-
	2	2	De	-

						30 14007
1	FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIEN REG. NO.	E
	1. DECEDENT'S NAME (First, Middle, Last)	Mary	M.	RORER	DATE OF DEATH	9, 1990 SEAR OF DEATH
	4. SOCIAL SECURITY NUMBER 467-68-8175	5. SEX 8. A	GE (in yrs. lest birthday) 45 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	2-12-45	8. BIRTHPLACE (State or Foreign Country)  TEXAS
- 11	Se. FACILITY NAME (If not institution, give si  FRANKLIN SQUARE RESIDENCE OF DECEDENT		ER	96. CITY, TOWN OR LOCATION OF DEBALTIMORE CITY	DEATH	Baltimore
DIREC	10a. STATE 10b. COUNTY	,		TY, TOWN OR LOCATION  BALTIMORE CITY		10d. INSIDE CITY LIMITS?  25 YES 2 NO
FUNERAL	1626 RTCHENBACKE	R ROAD		101. ZIP CODE 21221		10g. CITIZEN OF WHAT COUNTRY? $USA$
BY	11. MARITAL STATUS  1 Never Merried Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puarto Ricen, etc.)	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	(Give kind a	s USUAL OCCUPATION I work done during most of working use retired.)  —ST. OF MD.		of Comptroller
C	NA  17. FATHER'S NAME (First, Middle, Last)  IIn 2	ทองท			AME (First, Middle, Malden	
TO B	190. INFORMANT'S NAME (Type/Print)  Everett L. Rorer			G ADDRESS (Street and Number or Rura 6 RICKENBACKER R	I Route Number, City or Tow	n, State, Zip Code)
	20e. METHOD OF DISPOSITION  1023 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE OF DISPO	DITION (Name of camatery, cramatory or MEMORIAL CEMETER	Y DAI	CATION — City or Town, State  LLAS, TEXAS
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		WM. C. MARCH		21202 E. NORTH AVENUE
	23. PART I. Enter the diseases, or ahock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR	cose line.	0.	ch es cerdiec or respi	Interval Batween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE	(f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	hol	
PHYSICIAN: MEDICAL O	PART II. Other algnificant condition	na contributing to dea	ith but not resulting	g in the underlying cause given i	Pert I. 24a. WAS AN PERFO	MED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:	/	28, PLACE OF DEATH (C	Check only one)	
B	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined	1   Inpatient 2   FR	JUNY - At home, farm	4   Nursing Home 5   Residence	28d. DESCRIBE HOW	end Number or Bural Route Number,
COMPLETED	cool only			irred at the time, data end place, and di tion, in my opinion, deeth occured at ti		nner as stated.  21221  nd due to the cause(s) and manner se stated.
O BE	290 STANUE AND TITLE OF CENTREE 30. NAME AND ADDRESS OF PERSON WI	DWON	enell of the control	SAL DENISE N	19383	29d. DATE SIGNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	O'Don	Mell.	MD. 75014	PORKRI	Touson Md2120
	MAY 23 1990	Julia Davidson	- Randall			



	6
h	A house
_	L.C.
o,	midelin
1314	bedramen
×	2
. 80	- Singe
O.	- 6
۵	dans
S	44.0
준	940
8	200
Щ	-
<u>.</u>	-
7	3
$\vdash$	F
<b>Y</b>	DIOLO LA B.
ō	2
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	as no experience of the Charles The law seculars that the death confidence has accounted within 2.8 h.
$\leq$	0

TO THE POSTALL OF ATTENDING THIS COME. THE farm requires that the control of the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
---	---

1. DECEDENT'S NAME (First, Middle, Last			ERTIFI	CATE O	F DEATH	I a cur-	REG. NO.		Ta	TIME OF DEATH
10.00		2.411	17			MONTE	f DA		YEAR	
JULIA A  4. SOCIAL SECURITY NUMBER	REBST(	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	5	- 20 OF BIRTH	- 19		O 30 A
	1 M 2 X F			WONTHS DAYS		(Month	, Day, Year)		(Country)	
215-03-5169		76					29-19			<u>land</u>
6. FACILITY NAME (If not institution, give		_			OR LOCATION OF O	EATH			Y OF DEAT	
2907 Dunran R	d. Apt.	A		DUnd	alk			Ba.	ltim	ore
0a. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOC	ATION				10	d. INSIDE CITY
Md. Ba	ltimore		Bal	timor	e, Md.				1	LIMITS?
Ge. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
2907 Dunran R	d. Apt.	# A			21222			U.	S.A.	
11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S.		13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN	7 (Specify Yes		4. RACE —	American Indian, hits, stc.
1 Never Married 2 Married	IF YES, GIVE	YES 2 MAR OR DATES	MMO		specify Cuben, Mexico		Rican, stc.)		Specify:	ritts, stc.
3 Widowed 4 Divorced				1					Whi	te
15. DECEDENT'S ED (Specify only highest grades)	UCATION le completed)		(Give kind of we	SUAL OCCUPA		16b	KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT use	retired.)						
High School		Re	et. P	ersonr	el Dire				lay (	<u>``</u>
7. FATHER'S NAME (First, Middle, Lest)	-1.				16. MOTHER'S NA			Surname)		
Harry Rebsto	CK				Anna					
9a. INFORMANT'S NAME (Type/Print)	<b>a</b> 1 .				t and Number or Rural					
Mrs. M. Jean	Chavis				sity Ave	.,Cā				
Os. METHOD OF DISPOSITION  Description 2 Cremetion 3 Re	moval from State	other	r place)		cometery, cremetory or		20c. LO	CATION — CI	ity or Town	State
Donation 5 Other (Specify)  H. SIGNATURE OF FUNERAL SERVICE I		- Loud	don Pa	ark			Do 1	to.	N/ -3	
	JULINOEE.			22. NAME	AND ADDRESS OF FA					
23. PART I. Enter the diseases, o	complications the		death. Do no	Bra 213	dley-Ash 4 WIllow	nton V Sp	FUne	ral   Rd.D	Home unda	1k, Md. 21 Approximate
shock, or heart fallure IMMEDIATE CAUSE (Final	complications the	use on each li	death. Do no	22. NAME Bra 213 ot enter the r	dley-Ash 4 WIllow node of dying, suc	nton V Sp chase can	FUnering	ral   Rd.Di	Home unda	lk,Md.21
shock, or heart fallure	complications the	use on each li	death. Do no	22. NAME Bra 213 ot enter the r	dley-Ash 4 WIllow node of dying, suc	nton V Sp chase can	FUnering	ral   Rd.Di	Home unda	Approximate Interval Between
shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition	complications the List only one ca	CAR O (OR AS A CON	death. Do no ine.	22. NAME Bra 213 of enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton V Sp chase can	FUnering	ral   Rd.Di	Home unda	Approximate Interval Between
shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	s. MYO	CAR O (OR AS A CONT	death. Do no ine.  STAC SEQUENCE OF	22. NAME Bra 213 of enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton V Sp chase can	FUnering	ral   Rd.Di	Home unda	Approximate Interval Between
shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	s. MYO	CAR O (OR AS A CON	death. Do no ine.  STAC SEQUENCE OF	22. NAME Bra 213 of enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton V Sp chase can	FUnering	ral   Rd.Di	Home unda	Approximate Interval Between
shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. MYO  OUE TO  C.	CAR O (OR AS A CONT	death. Do not ine.  OTAU SEQUENCE OF	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton V Sp chase can	FUnering	ral   Rd.Di	Home unda	Approximate Interval Between
shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. MYO  OUE TO  C.	OR AS A CONS	death. Do not ine.  OTAU SEQUENCE OF	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton V Sp chase can	FUnering	ral   Rd.Di	Home unda	Approximate Interval Between
shock, or heart fallure immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in death)	b. OUE TO	O (OR AS A CONS	death. Do not ine.  ITAU SEQUENCE OF	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton w Sp these con	FUnering	ral   Rd.Di	Home unda	Approximate Interval Between
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO	O (OR AS A CONS	death. Do not ine.  ITAU SEQUENCE OF	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton w Sp these con	FUnering	ral Rd.Diratory srre	Home unda st,	Approximate Interval Betwee Onset and Deat Min Steel S
shock, or heart fallure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO	O (OR AS A CONS	death. Do not ine.  ITAU SEQUENCE OF	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton w Sp these con	FUnering disc or respi	ral Rd. Directory street	Home unda st,	Approximate Interval Betwee Onset and Deat  Y C C C
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO	O (OR AS A CONS	death. Do not ine.  ITAU SEQUENCE OF	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton w Sp these con	FUnering disc or respi	ral Rd. Directory street	Home unda st,	Approximate Interval Betwee Onset and Deat  MEN STEP  Y CCCC  ERE AUTOPSY FINDINGS BILLABLE PRIOR TO  SIMPLETION DF CAUSE
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO	O (OR AS A CONS	death. Do not ine.  ITAU SEQUENCE OF	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOW mode of dying, suc	nton w Sp these con	FUnering disc or respi	ral Rd. Directory street	Home unda st,	Approximate Interval Betwee Onset and Deat McP CC
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	s. MYO  DUE TO  C. OUE TO  d	O (OR AS A CONS	death. Do not ine.  ITAU SEQUENCE OF	22. NAME Bra 213 of enter the r  SLON :	dley-Ash 4 WILLOW mode of dying, suc	nton w Sp th se cent	FUnering disc or respi	ral Rd. Directory street	Home unda st,	Approximate Interval Betwee Onset and Deat Interval Betwee Onset Interval Betwee Onset Interval
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	b. OUE TO	O (OR AS A CONS	death. Do notine.  I A Consider the sequence of sequence of the sequence of th	22. NAME Bra 213 ot enter the r	dley-Ash 4 WILLOY mode of dying, such wing cause given in	Part I.	FUnering disc or respi	ral Rd. Directory street	Home unda st,	Approximate Interval Betwee Onset and Deat Interval Betwee Onset Interval Betwee Onset Interval
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH	S. MYO  OUE TO  C. OUE TO  d. HOSPITAL: 1   Inpatient 2   28s. DATE O	D (OR AS A CONTO	death. Do notine.  I A Consider the sequence of sequence of the sequence of th	22. NAME Bra 213 of enter the r  STON  i:  Cother: 4   Nursing H  Cother: Coth	dley-Ash 4 WILLOY mode of dying, such wing cause given in	Part I.	FUnering disc or respi	AUTOPSY MEO?	24b. W	Approximate Interval Between Onset and Deat Micro Act Services Autopsy Findings all Able Prior to Suppletion of Cause F Death?
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	S. MYO  OUE TO  C. OUE TO  d. HOSPITAL: 1   Inpatient 2   28s. DATE O (Month,	O (OR AS A CONSIDER OF CONS	death. Do not ine.	22. NAME Bra 213 of enter the r  STON  it  The underly  28.  OTHER: HY 28c.	dley-Ash 4 WILLOY node of dying, suc WEARCO  PLACE OF DEATH (Come 5 DResidence	Part I.	FUnering disc or respi	AUTOPSY MEO?	24b. W	Approximate Interval Betwee Onset and Deat Interval Betwee Onset Interval Betwee Onset Interval
shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	b. OUE TO  d. HOSPITAL: 1   Inpetiant 2   28s. DATE 0   (Month,	O (OR AS A CONSIDER OF CONS	death. Do notine.	22. NAME Bra 213 of enter the r  25.  37.  37.  37.  38.  39.  30.  31.  31.  32.  33.  34.  36.  37.  38.  38.  38.  38.  38.  38.  38	dley-Ash 4 WIllow node of dying, such AFARCO  FARCO  PLACE OF DEATH (C)  Ome 5 Krestdence INJURY AT WORK? VES 2 NO	Part I.	FUnering disc or respi	AUTOPSY  AUTOPSY  NO  NURY OCCU	24b. wast,	Approximate Interval Betwee Onset and Deat Interval Betwee Onset Interval Betwee Onset Interval
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  22. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27. MANNER OF OEATH  1 Natural 5 Pending Investigation	b. OUE TO  d. HOSPITAL: 1   Inpetiant 2   28s. DATE 0   (Month,	D (OR AS A CONSTITUTE OF INJURY — At	death. Do notine.	22. NAME Bra 213 of enter the r  25.  37.  37.  37.  38.  39.  30.  31.  31.  32.  33.  34.  36.  37.  38.  38.  38.  38.  38.  38.  38	dley-Ash 4 WIllow node of dying, such AFARCO  FARCO  PLACE OF DEATH (C)  Ome 5 Krestdence INJURY AT WORK? VES 2 NO	Part I.	FUnering disc or respi  24a. WAS AN PERFOR 1 YES 2  OF (Specify) SCRIBE HOW I	AUTOPSY  AUTOPSY  NO  NURY OCCU	24b. wast,	Approximate Interval Between Onset and Deat Onset Onse
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF OEATH 1 Natural 5 Pending 1 Netural 5 Pending 2 Accident 1 Investigation 3 Suicide 6 Could not b 4 Homicide	DUE TO  OUE TO	D (OR AS A CONSTITUTE OF INJURY — At. (Specify)	death. Do not ine.  I A C SEQUENCE OF SEQUENCE OF SEQUENCE OF Dt resulting in the sequence of	22. NAME Bra 213 ot enter the r  SLON i: SLON i: OTHER: 4   Nursing H E OF   28c. JRY M   1   treet, factory, or	dley-Ash 4 WIllow node of dying, such AFARCO  FARCO  PLACE OF DEATH (C)  Ome 5 Krestdence INJURY AT WORK? VES 2 NO	Part I.  Part I.  Beck only or  City	FUnering disc or respiration of the second o	AUTOPSY MEO?   NO	24b. W A CC DI 1	Approximate Interval Betwee Onset and Deat Interval Interval Interval Interval Interval Interval
shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending 1 Investigation 3 Suicide 6 Could not be destrained  29a. CERTIFIER 1 CERTIFYING PIN  29b. CERTIFIER 1 CERTIFYING PIN  20c. CERTIFY P	Complications the complications the contributing to the contribution to the contributi	D (OR AS A CONSTITUTE OF INJURY — At (, etc. (Specify))	death. Do not ine.  TAU SEQUENCE OF SEQUENCE OF SEQUENCE OF Dt resulting in 1 3 DOA 28b. Till INJ	22. NAME Bra 213 of enter the r  SLON i: SLON i: Control iii Control iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	dley-Ash 4 WIllow node of dying, such wing cause given in  Place of Death (c)  Place of Death (c)  WORK? YES 2 NO	Part I.  Part I.  6 Other  284. DE:	FUnering disc or respiration of the second o	AUTOPSY MED?  NURY Occi	24b. W AM CC DI 1	Approximate Interval Between Onset and Deat Interval Interval Interval Interval Interval Interval Interval Interval Interval

3. TIME OF DEATH

DIVISION OF VITAL RECORDS, F.O. BOX 13146,	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	F FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	The state of the s
	THE THE	TO THE	be filed	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF					MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE OF DEATH DAY	
HENRY J.	Schul-	2					05 1	Ž
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	
215-07-53	2/10/M2 = F	76 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 05-18-1	,
9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY	, TOWN	OR LOCATI	ON OF O	EATH	Ī
ST. Joseph H	ospital		Tou	450	NIN	D		
RESIDENCE OF DECEDEN	IT Y							_
10a. STATE 10b. C	OUNTY	10c CIT	Y, TOWN	OR LOCA	TION			
MARYLAND		1 %	ARKI	لان	1			

	HENRY J. SC	nu!	2-						05 1	7	10	9000 FT
		. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLAC	CE (State or Foreign
	215-07-53211	M 2 □ F	76	YRS.	HONTHS	paro.	noons	mile.	05-18-	/3	MAR	MYLAND
	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY	, TOWN C	R LOCATI	ON OF OE	ATH	9c. COUN	ITY OF DEATH	1
6	ST. Joseph Hospi	tal			Tou	6501	NI	ND		179	PITIL	MORE
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ION				10d	I. INSIDE CITY
<u>E</u>	MARYLAND			Pa	irki	11.5	4				15	LIMITS?
4	10e, STREET AND NUMBER			11	11/1/1		. ZIP COD	E		10g. CITIZ	ZEN OF WHAT	
FUNERAL DIRECTOR	2620 Linux	100 F	CAO				212	24			20	Δ.
<u> </u>			T EVER IN U.S. AR	MED					IIC ORIGIN? (Specify Ye	a or No-	14. RACE	American Indian,
	1 - Never married 2 M married	FORCES? 1		Ю			2 NO		n, Puarto Rican, etc.) /:		Black, WI Specify:	iite, atc.
В	3 Widowed 4 Divorced	w.w									HW	TE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		(G	ive kind of	Work done			ng	16b. KIND OF BU	ISINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) Ilfe.		retired.)				0000			
MP	8 4 62		У	ARG	DUE	10			1466	30 3	71227	
8	17. FATHER'S NAME (First, Middle, Last)	11-2	0 /				16. MOT	HER'S NA	ME (First, Middle, Maide	Surname)	A N	
8E		OHOZ					1744	400	HH I-	00	TVO	1
2	19a. INFORMANT'S NAME (Type/Print)	200-	191	b. MAILING	G ADDRES	S (Street i	A Rumbe		Route Number, City or To	wn, State, Zip	Code)	
_	FAL VITA VET	OKUS	20b. PLACE	2	HC	_	H2		SOVE	DOMESTICAL .	City or Town,	Photo
	20s, METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Remove	if from State	mether pl	sce)		- 1	notery, cre	matory or	OV PO	PK.	115	$\sim$
	4 Oonation 5 Other (Specify)	SEE \	IFI		N 00		ND ADDRE	SS OF FA	CILITY	200	1324	110
	100 13				5	EVF	201	CHE	70 129E	Re	10615	S
	Louis VC	Longer				80		AR		OAO.	- TAR	SKILLS
	23. PART I. Enter the disesses, or cor shock, or heart feilure. Lit				not snte	r the mo	ods of dy	ing, suc	th as cardiac or rea	piratory arr	rest,	Approximats interval Between
	IMMEDIATE CAUSE (Final	t only one or	000 011 00011 11110						,			Onset and Death
	diasass or condition resulting in desth) s.	IscH	O (OR AS A CONSE		ACD	101	1401	PATA	44			
		OUE TO	OR AS A CONSE	OUENCE (	OF):		_					
N	Sequentially list conditions, b.	CHRO	O (OR AS A CONSE	KER	M		1-A	1621	RE			-
Ĭ	if any, leading to immediate	DUE TO	O (OR AS A CONSE	OUENCE (	OF):							
2	CAUSE (Disesse or Injury	DUE TO	O (OR AS A CONSE	OUENCE (	ne.							<u> </u>
Ë	that initiated events resulting in death) LAST	552 1	o ton as a conse	OULIVOE V	or j.							
CERTIFICATION	d.											<u> </u>
7	PART li. Other significant conditions	contributing to	o desth but not	resuiting	in the U	nderlyir	g csuse	given in	Part I. 24a. WAS A	N AUTOPSY ORMED?		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL								_	1 _ YES		co	MPLETION OF CAUSE DEATH?
AEC												YES 2 NO
N. N												
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (C/	heck only one)			
SIC		HOSPITAL:	☐ ER/Outpatient :	DOA	4 D Nu		me 5 🗆 1	Residence	8 Other (Specify)			
PHYSICIA	27. MANNER OF DEATH	28a, DATE O	Day, Year)	28b. TI	ME OF	28c. IN	JURY AT ORK?		28d. DESCRIBE HOW	INJURY OC	CUREO	
BY F	1 Natural 5 Pending  Accident Investigation				М		YES 2	□ NO				
ED 8	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — At hig, etc. (Specify)	ome, farm	, street, fac	ctory, offi	ce		28f. LOCATION (Street City or Town, Ste	nt and Numbe ne)	r or Rural Rout	w Number,
ETE	4 Homicide detarmined										_	
COMPLET	29e. CERTIFIER (Check only	AN: To the best	of my knowledge, d	eath occu	rred at the	time, dat	e and plac	ce, and du	a to the cause(a) and π	anner as eta	rted.	
MO	one) 2 MEDICAL EXAMINER:	On the basis of	examination and/or	Investigat	tion, in my	opinion,	death occ	ured at the	e time, deta and place,	and due to t	he cause(s) s	nd manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	/		0	1	/	29c. LJ	CENSE NU	IMBER	29d. DAT	TE SIGNED (M	lonth, Day, Year)
8	81.6 -11			11/	1	/	17.	227	15	1 1	5/10	1/00

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

31. DATE FILED (Month, Day, Year)
MAY 23 1990 32. REGISTRAR'S SIGNATURE

Banda



51 F30 5Ac

. . .

10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IE HOSPITAL OR ATTENDING PHYSINE FUNERAL DIRECTOR: After this of within 72 hours after death with DRTANT: It item 28 is marked,
--	---

James Kaplan,MD

31. DATE FILED (Month, Day, Year)
MAY 23 1990

1 . SIAIE	STATE OF MARYLAND /				E	
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  Kenneth	W.	RTIFICATE O	ye bearn	2. OATE OF OEATH MONTH 5-22-90	Y YEAR	3. TIME OF OEATH 5:50AM M
CONTROL OF PROPERTY AND ADDRESS OF THE PROPERTY ADDRES	8. AGE (in yrs. lest	YRS. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 9/1/57	Coul	ARYLAND
107 N. Carrollton			altimore Ci		SE. COOKIT OF	VEATH
MARYLAND 106. COUNTY		BALTIM	ORE CITY			10d, INSIDE CITY LIMITS? 1 VES 2 NO
100. STREET AND NUMBER 107 N. CARROLL			101. ZIP CODE 21223		USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYES 2 TYPE IF YES, GIVE WAR OR DATES	O If yes	DECENDENT OF HISPAN , specify Cuben, Mexican YES 2 NO Specify.	n, Puerto Rican, etc.)	Spi	CE — American Indian, lick, White, etc.
15. OECEOENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Gir	CEDENT'S USUAL OCCUP we kind of work done during Do NOT use retired.)		16b. KIND OF BUS	BINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) HERBERT E. SYE	, JR.		18. MOTHER'S NAM	ME (First, Middle, Meiden E	Surname)	
19a. INFORMANT'S NAME (Type/Print)  MYRTLE SYE		LO7 N. CA				MD. 21223
20e, METHOD OF DISPOSITION 1 Devitel 2 Cremation 3 Remova 4 Donation 9 To Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	WEST	LER	CEMETERS  AND ADDRESS OF FACOY O. DYI  UNITED STATES OF THE CONTROL OF THE CONTRO	Y BAT	N FUNE	E, MARYLAND RAL HOME
23 PARY Limiter the diseases, pr constant, or heart feliure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused tha de et only one cause on each line Narcotic into:	xication	mode of dying, such	h as cerdiac or respi	iratory arrest,	Approximeta interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT)	DUENCE OF):				
PART II. Other significant conditions	contributing to death but not r	esuiting in the under	lying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1) XYES 2 \( \square\) NO
	HOSPITAL:	071150	6. PLACE OF DEATH (Ch			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	280. DATE OF INJURY FOUND: 5-22-90	5:40AM 1	WORK?	28d. DESCRIBE HOW Unknown		
3 Suicide 4 Homicide Could not be determined		OUND: HOM	E	Maryland	rrollto	en Ave.Baltimo
Checonly 1 CERTIFYING PRYSICIA	AN: To the best of my knowledge, de	eath occurred at the time,	date end place, end due	to the cause(e) end ma		
XXX PREDICAL EXAMINER:	On the basis of examination end/or	Investigation, in my opini	on, death occured at the			se(e) and manner as stated.  IED (Month, Day, Year)

111 Penn Street, Baltimore, MD 21201

VC

use as the burial-transit permit. Pages 1, 2, 3 should

è

once.

Ħ

notified

must be

examiner

the

other traumatic event,

0

23 shows any injury,

Hem

6

marked,

69

Item 28

IMPORTANT: If

2

2600

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

Weights

A REGISTRAR'S SIGNATURES

hve

Lohartu

표

2 8

funeral director, page 5 should be detached

the medical

filled in by

attending physician and completely mail Hygiene prior to burial, crematic executed within death certificate be the atten law requires that the signed by the has been Dept. of h t; After this certificate har death with the State D OR ATTENDING PHYSICIAN; The DIRECTOR: A FUNERAL I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY ELIZABETH CATHERINE SCHUNCK 10 Am 2: 6. AGE (In yis. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 3-31-1902 MARYLAND DAYS 217-03-9923 1 🗌 M 2 💢 F 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY DIRECTOR LIBERTY MEDICAL CENTER RESIDENCE OF DECEDENT 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE CITY MARYLAND FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21201 U.S.A. 607 PENNSYLVANIA AVENUE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merrie ΒY 3 Widowed 4 WHITE Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 15b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Flementary/Secondary IG-12) College (1-4 or 5 +) UNKNOWN HOME MAKER HUME UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) MARGARET ZIMMERER JOSEPH FIEDLER 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 2 BALTIMORE. MARYLAND 1733 BROOKVIEW ROAD DORIS L. JENSEN 20e. METHOO OF DISPOSITION
1 Device 2 Cremetion 3 - Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 5-23-90 BALTIMORE, MARYLAND SACRED HEART OF JESUS CEM. 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 21 SIGNATURE OF IN NERAL SERVICE LIGENSEE 7922 WISE AVENUE DUNDALK. MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate ahock, or heart fellure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finei les pivolor diseese or condition\_ 1 Dru resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Responden hronce MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediata ceuse. Enter UNDERLYING Preimour CAUSE (Diseese or Injury DUE TO JOR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 5 Residence 6 - Other (Specify) 4 - Nursing Home 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. (NJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street end Number or Rurel Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as attend. COMPLI 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE :05 38118 20/50

140... ...3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4	FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
1 -	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

_	TICOIOTTIATI			<u> </u>	.0711	<u> </u>	LAIII			_		
	1. OECEOENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		VEAD	3. TIME OF DEATH
	Kenneth		Smith					Маv		1990	YEAR	2:00 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 Y	FAR #	F UNDER 24 HRS	7. DATE OF		1220	A BIRTH	PLACE (State or Foreign
	too area out a	1 🕅 M 2 🗆 F	67	YRS.	-	1	OURS MIN.		lay Year).		Country	)
	212-14-1314		- 07	THS.				Nov.	16.1			ryland
	9a. FACILITY NAME (If not institution, give s						OCATION OF	DEATH		9c. COU	NTY OF DE	ATH
뜻	1257 Cedarcroft F	≺oad			Balt	imor	e.					
K	RESIDENCE OF DECEDENT											
Ĭ,	10a. STATE 10b. COUNTY	1		10c. CI1	Y, TOWN OR	LOCATION				_		10d. INSIDE CITY
F	Maryland			Da1	timor	o Ci-	+1/				- 1	LIMITS?  1 X XYES 2 \( \square\) NO
	100. STREET AND NUMBER			I Dal	CINOL		P CODE			10g CIT	IZEN OF W	HAT COUNTRY?
A		04										
FUNERAL DIRECTOR	1257 Cedarcroft						21239				.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMEO	13. WA	S DECEND	DENT OF HISE	ANIC ORIGIN? ( cen, Puerto Ric	Specify Yee	or No-	14. RACE Black	American Indian, White etc
7	1 Never Merried 2 Married	IF YES, GIVE W				YES 2			an, wic.,	- 1	Specif	white out to
BY	3 Widowed 4 Divorced		WW :	II								
	15. DECEDENT'S EDUC		160	DECEDENT'S	USUAL OCC	UPATION	d sometile -	16b. K	IND OF BUS	SINESS/INC	DUSTRY	
ET	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done dur se retired.)	ing most of	working					
7	9 vr's		′	Print	or			Ь	rinti	na C	Omna	0.1/
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				<u> </u>	10	MOTHERIN	NAME (First, Mid		_	Olling	I Y
ŏ			C * 1.1			16			uro, maiueri i	ourrarite)	-	
BE	John A.		Smith					abeth			Bro	CK
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS (	Street and I	Number or Rur	al Route Number,	City or Town	n, State, Zip	p Code)	
F	Mrs. C. Rosalie	Smith		San	ne as	# 10						
	20e. METHOD OF DISPOSITION	A. 1987		ACE OF DISPO				7	20c. LO	CATION -	City or To	wn, State
	1 Donation 5 Other (Specify)	oval from State	oth	ner placa)	2001	V-11	ou E	25/00	т:	mani	M.	1
	21. SIGNATURE ØF\FUNERAL SERVICE LIC	ENGEE D 1	-		ariev	Valle	EV D/	25/90				
	21. SIGNAL ONE OF CONCERN SERVICE EN	Paul	L. Hart	sock, Jr	22. 19	IME AND A	ADDRESS OF	PACILITY	Balti	more	Md.	21214
	+tent I !	Jan tom	ch >	17	1 1	eona	rd J	Ruck	Inc	530	5 Has	rford Rd.
	23. PART I. Enter the diseases, or o	complications the	t cauchel th	-								
					not enter th	abom as	of dylna a	ich sa cardla	c or reanl	retory ar	rne of	Annrovimate
1	ahock, or haart fallura.	Liat only one cau	ise on each	a daath. Do Ilna,	not anter th	ne mode	of dyling, a	uch as cardia	c or reapl	ratory ar	reat,	Approximata Intarval Batween
	ahock, or haart fallura.  iMMEDIATE CAUSE (Final	List only one cau	use on each	Ilna.					c or reapl	ratory ar	reat,	
	ahock, or haart fallura.  iMMEDIATE CAUSE (Final diagase or condition	Liat only ona cau	use on each	Ilna.					c or reapl	ratory ar	reat,	Intarval Batween
:	ahock, or haart fallura.  iMMEDIATE CAUSE (Final	Liat only one cau	use on each	Ilna.	s Ce				c or reapl	ratory ar	reat,	Intarval Batween
7	ahock, or haart fallura.  iMMEDIATE CAUSE (Final diagase or condition	Liat only one cau	use on each	Ilna.	s Ce				c or reapl	ratory ar	reat,	Intarval Batween
NOI	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disasse or condition resulting in daath)  Sequentially list conditions,	a. DUE TO	OR AS A CO	Ilna.	or):				c or reapl	ratory ar	reat,	Intarval Batween
ATION	ahock, or haart fallura.  iMMEDIATE CAUSE (Final dlaasse or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate	a. DUE TO	OR AS A CO	Ilna.	or):				c or reapl	ratory ar	reat,	Intarval Batween
-ICATION	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	(OR AS A CO	IIIna.	OF):				c or reapl	ratory ar	reat,	Intarval Batween
ITIFICATION	ahock, or haart failura.  iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	(OR AS A CO	Ilna.	OF):				c or reapl	ratory ar	reat,	Intarval Batween
ERTIFICATION	ahock, or haart fallura.  iMMEDIATE CAUSE (Final dlaasse or condition resulting in daath)  Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa	a. DUE TO	(OR AS A CO	IIIna.	OF):				c or reapl	ratory ar	reat,	Intarval Batween
L CERTIFICATION	ahock, or haart fallura.  iMMEDIATE CAUSE (Final diaasse or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CO	IIIIA.  INSEQUENCE (	DEP:	ne	eron	ve				Intarval Batween
	ahock, or haart fallura.  iMMEDIATE CAUSE (Final dlaasse or condition resulting in daath)  Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CO	IIIIA.  INSEQUENCE (	DEP:	ne	eron	ve	de. WAS AN	AUTOPSY		Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
	ahock, or haart fallura.  iMMEDIATE CAUSE (Final diaasse or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CO	Ilina.  NSEOUENCE (  NSEOUENCE (  NSEOUENCE (  NOTE TO BE TO	OF):	ariying ca	eron	in Part I. 2	4a. WAS AN	AUTOPSY		Interval Batween Onset and Death  3 weeks
	ahock, or haart fallura.  iMMEDIATE CAUSE (Final diaasse or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CO	Ilina.  NSEOUENCE (  NSEOUENCE (  NSEOUENCE (  NOTE TO BE TO	OF):	ariying ca	eron	in Part I. 2	4e. WAS AN PERFOR	AUTOPSY		Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final diaasse or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CO	Ilina.  NSEOUENCE (  NSEOUENCE (  NSEOUENCE (  NOTE TO BE TO	DEP:	ariying ca	eron	in Part I. 2	4e. WAS AN PERFOR	AUTOPSY		Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final diaasse or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CO	Ilina.  NSEOUENCE (  NSEOUENCE (  NSEOUENCE (  NOTE TO BE TO	OF):	ariying ca	ause given	in Part I. 2	4e. WAS AN PERFOR	AUTOPSY		Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant conditions.	a. DUE TO b. DUE TO c. OUE TO d	(OR AS A CO	Ilina.  THE COUENCE OF T	OF):  in the under	ariying co	ause given	in Part I. 2	4a. WAS AN PERFOR □ YES 2	AUTOPSY		Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1   Inpetiant 2	OR AS A CO OR AS A CO OR AS A CO OR AS A CO	Ilina.  INSEQUENCE CONSEQUENCE	OFFI:	ariying co	ause given	in Part I. 2 Check only one)	4a. WAS AN PERFOR	AUTOPSY IMED?	24b.	Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH	a. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	Ilina.  INSEQUENCE ( INSEQUENCE	OFFI:	ariying co	ause given	in Part I. 2 Check only one)	4a. WAS AN PERFOR □ YES 2	AUTOPSY IMED?	24b.	Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  Netural 5 Pending	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1   Inpatiant 2   28a. OATE OF	OR AS A CO	Ilina.  INSEQUENCE ( INSEQUENCE	OFF:	26. PLACI	ause given	in Part I. 2 Check only one)	4a. WAS AN PERFOR	AUTOPSY IMED?	24b.	Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentiality list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa reaulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  Netural 5  Pending Investigation	a. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	Ilina.  INSEQUENCE ( INSEQUENCE	OFF:  OFF:  In the undident of	26. PLACI	ause given	in Part I. 2 Check only one) te 8  Other ( 28d, DESCI	4a. WAS AN PERFOR	AUTOPSY IMED? NO NJURY OC	24b.	Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentiality list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa reaulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  Netural 5  Pending Investigation	a. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	IIIna.  INSEQUENCE CO   OFF:  OFF:  In the undident of	26. PLACI	ause given	in Part I. 2 Check only one) te 8  Other ( 28d, DESCI	4e. WAS AN PERFOR	AUTOPSY IMED? NO NJURY OC	24b.	Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined	A. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	Ilina.  INSEQUENCE CONSEQUENCE	OTHER: 4   Nurair ME OF JURY M street, factor	26. PLACE 26. INJURY WORK 1  YES	ause given	in Part I. 2 Check only one)  28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED?	24b.	Interval Batween Onset and Death  3 weeks  WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 3 NO  27. MANNER OF OEATH  Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only  Check only  CERTIFYING PHYS	BUE TO  B. DUE TO  B. DUE TO  C. OUE TO  DIE T	OR AS A CO	Ilina.  INSEQUENCE CONSEQUENCE	OTHER: 4   Nursir ME OF JURY M street, factor	26. PLACI 26. INJURY WORK? 1  YES	ause given  E OF DEATH  Reeldene  Y AT  2  NO	in Part I. 2 Check only one) to 8  Other ( 28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MAED? NJURY OC and Number	24b.	Interval Batween Onset and Death  3 weeks  Were autopsy findings available prior to Completion of Cause of Death?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL	ahock, or haart failura.  iMMEDIATE CAUSE (Final disasse or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in dasth) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Nistural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER	BUE TO  B. DUE TO  B. DUE TO  C. OUE TO  DIE T	OR AS A CO	Ilina.  INSEQUENCE CONSEQUENCE	OTHER: 4   Nursir ME OF JURY M street, factor	26. PLACI 26. INJURY WORK? 1  YES	ause given  E OF DEATH  Reeldene  Y AT  2  NO	in Part I. 2 Check only one) to 8  Other ( 28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MAED? NJURY OC and Number	24b.	Interval Batween Onset and Death  3 weeks  Were autopsy findings available prior to Completion of Cause of Death?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 3 NO  27. MANNER OF OEATH  Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only  Check only  CERTIFYING PHYS	a. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	Ilina.  INSEQUENCE CONSEQUENCE	OTHER: 4   Nursir ME OF JURY M street, factor	26. PLACI g Home  WORK: 1  YES y, office e, dete end	ause given  E OF DEATH  Reeldene  Y AT  2  NO	in Part I. 2 Check only one)  28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED?  NJURY OC  and Number  and es stated due to to	24b.  24b.  2CUREO  or or Rural F  sted.	Interval Batween Onset and Death  3 weeks  Were autopsy findings available prior to Completion of Cause of Death?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disasse or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in daath) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	a. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	Ilina.  INSEQUENCE CONSEQUENCE	OTHER: 4   Nursir ME OF JURY M street, factor	26. PLACI g Home  WORK: 1  YES y, office e, dete end	ause given  E OF DEATH  Reelden  Y AT  2 NO  d placa, end d h occured at	in Part I. 2  Check only one)  28d. DESCI  28f. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED?  NJURY OC  and Number  and es stated due to to	24b.  24b.  2CUREO  or or Rural F  sted.	Interval Batween Onset and Death  3 wester  WERE AUTOPSY FINOINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disaase or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa reaulting in daath) LAST  PART ii. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFE	a. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	Ilina.  INSEQUENCE ( INSEQUENCE	OF):  OF):  In the undident of	26. PLACI g Home  WORK: 1  YES y, office e, dete end	ause given  E OF DEATH  Reelden  Y AT  2 NO  d placa, end d h occured at	in Part I. 2 Check only one)  28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED?  NJURY OC  and Number  and es stated due to to	24b.  24b.  2CUREO  or or Rural F  sted.	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disasse or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in daath) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	a. DUE TO b. DUE TO c. OUE TO d	OR AS A CO	Ilina.  INSEQUENCE ( INSEQUENCE	OF):  OF):  In the undident of	26. PLACI g Home  WORK: 1  YES y, office e, dete end	ause given  E OF DEATH  Reelden  Y AT  2 NO  d placa, end d h occured at	in Part I. 2  Check only one)  28d. DESCI  28f. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED?  NJURY OC  and Number  and es stated due to to	24b.  24b.  2CUREO  or or Rural F  sted.	Interval Batween Onset and Death  3 wester  WERE AUTOPSY FINOINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	A. DUE TO b. DUE TO c. OUE TO d	GOOD SO	Ilina.  INSEOUENCE ( INSEOUENCE	OFF):  OFF):  In the undident of the street, factor of the time of the street, factor of	26. PLACI 26. PLACI 27. INJURY WORK? 1  YES 27. Office e, dete envision, death	ause given  E OF DEATH  AT  2 NO  d place, end of h occured at	in Part I. 2  Check only one)  28  Other (  28d. DESCI  28f. LOCAT City or	4e. WAS AN PERFORM PERFORM Specify)  RIBE HOW II  ION (Street of Town, State)  In (e) end merend place, and	AUTOPSY MAED? NJURY OC and Number 29d. DAT	24b.  CCUREO  or or Rural R  sted.  the cause(s	Interval Batween Onset and Death  3 weeks  Were autopsy findings available prior to completion of cause of Death?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in daath) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	A. DUE TO b. DUE TO c. OUE TO d	GOOD STORMS OF DEATH STORMS OF	Ilina.  INSEOUENCE ( INSEOUENCE	OFF):  OFF):  In the undident of the street, factor of the time of the street, factor of	26. PLACI 26. PLACI 27. INJURY WORK? 1  YES 27. Office e, dete envision, death	ause given  E OF DEATH  AT 7  2 NO  d place, end of h occured at 19c. LICENSE I	in Part I. 2  Check only one)  28  Other (  28d. DESCI  28f. LOCAT City or	4e. WAS AN PERFORM PERFORM Specify)  RIBE HOW II  ION (Street of Town, State)  In (e) end merend place, and	AUTOPSY MAED? NJURY OC and Number 29d. DAT	24b.  CCUREO  or or Rural R  sted.  the cause(s	Interval Batween Onset and Death  3 weeks  Were autopsy findings available prior to completion of cause of Death?  1 YES 2 NO

- inner - steral

.

## BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	S	Sch	MIDT	2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF	YEAR 2 1990	
	4. SOCIAL SECURITY NUMBER 215-22-9788	5. SEX 6. AGE	(In yes, last birthday) IF t	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	ITHPLACE (State or Foreign Intry)
OR	9a. FACILITY NAME (If not institution, give s 1544 KEN)	YEWICE	(RD)	CITY, TOWN OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	HMDRE			10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	EWICK	RIT	101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	HC ORIGIN? (Specify Yes or No—  14. RACE — American Indian, Black, White, etc.  Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	16b. KIND OF BU	SINESS/INDUSTRY	,	
COMP	17, FATHER'S NAME (First, Middle, Last)	- 0 . xcV'	HOUSELD		ME (First, Middle, Maiden	Sumame)	10
TO BE	19a, INFORMANT'S NAME (Type/Print)	ZPWSKI	196. MAJLING ADD	PRESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	71734
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	novel from State	b. PLACE OF DISPOSITION other place)	N (Name of cemetery, crematory or	20c. LO	CATION — City of	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	)	EPWARD	J. Web.	er Et	1.
	23. PART I. Entar tha diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cause on a	each iine.			iratory arreat,	Approximata interval Batween Onset and Death
NOIL	immediate cause (Final disease or condition reaulting in death)  a. Hung-Tenring Cardiovasculer Directle Directle Sequentially list conditions, if any, leading to immediate  b. Due to (or as a consequence of):  Due to (or as a consequence of):						
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF):				
¥	PART II. Other significant condition	na contributing to death	but not resulting in th	na undarlying cause given in	Part i. 24a. WAS AN PERFOI 1 YES :	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC			·				1 TES 2 NO
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		26, PLACE OF DEATH (C)  THER:  Nursing Home 5 ☐ Residence			
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	•
TED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	25e. PLACE OF INJUR building, atc. (Spe	Y — A1 home, farm, stree	t, factory, office	28f. LOCATION (Street City or Town, State		ral Route Number,
COMPLETED	one)			t the time, date and place, and due			Re(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	MBER 75		NED (Morth, Dey, Year) -22-96			
0	F.S. PALMISAN	HO COMPLETED CAUSE OF D		2 HARFORD	RD.	BA 170.	MD. 21214
	31. DATE FILED (Acouth, Day, Your)	32. REGISTRAR'S SIG	NATURE				

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-riburs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		C	EHILLIC	AIE OF	DEATH	REG	i. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  ROBERT		S	IMMS			2. OATE OF OEA MONTH	DAY 11	YEAR 90	3. TIME OF DEATH 11:35 P M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		S. BIRT	HPLACE (State or Foreign
	1 ₹ M 2 □ F	4.5	YRS.	DAYS DAYS	HOURS MIN.	(Month, Day, Y		S.	CAROLINA
9a. FACILITY NAME (If not institution, give s	treet and number)	1,5	9	b. CITY, TOWN	OR LOCATION OF DE			UNTY OF	
Bon Secours He	ospital			Ra1	timore C	i+17	N	/ A	
RESIDENCE OF DECEDENT	obpital			Dai	CINOTE C	ıııy	IN IN	/ A	
10e. STATE 10b. COUNT	Υ		10c. CITY, 1	TOWN OR LOCA	TION				10d, INSIDE CITY LIMITS?
MARYLAND N/A	1		BA	ALTIMO	RE				1 X YES 2 NO
10e. STREET AND NUMBER				10	f. ZIP CODE		16g. CI	TIZEN OF	WHAT COUNTRY?
205 NORTH MOU	INT STRE	ET			21223		11	SA	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	RMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Spec	Ify Yee or No-	14. RAC	CE — American Indien,
1 X Xever Married 2 Merried	FORCES? 1		∮NO	If yes, sp	cecify Cuben, Mexica 2 2 MO Specifi	in, Puerto Rican, a v:	tc.)	Spe	ck, White, atc.
3 Widowed 4 Divorced						, .			BLACK
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. f	DECEDENT'S US	BUAL OCCUPATI	ON	16b. KIND (	OF BUSINESS/IN	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5 -	.)	fe. Do NOT use i	k done during m retired.)	ost or working				
10th	0.00	D	ISABLI	ΞD					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, I	Maiden Surneme)		
JAMES SIMS						IA SIMS			
19a, INFORMANT'S NAME (Type/Print)			19b. MAILING A	DDRESS (Street	end Number or Rural			Tip Code)	
LILLIE MAE PE	TTEDCON	1							\
20a. METHOD OF DISPOSITION	ILEKSUN				E. N.		Oc. LOCATION -		
1K Burial 2 Cremetion 3 Rem	novel from State	other	place)		11.00				
4 Donation 5 Other (Specify)	ocuere .	- I WES	TERN S	*	EMETERY		BALTI	MORI	E, MARYLAN
21. SIGNATURE OF FUNDING SERVICE D	L /	0	227	ZZ. NAME A	NO ADDRESS OF PA	CILITY		P. O.	BOX 4433
Simile	UK-	180	ros	BROW	N/THOME	SON F.			21223)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO  OUE TO	(OR AS A CONS	EQUENCE OF):	er roscr	erotic C	ararovas	scutar	DISE	ase
	d								
PART II. Other significant condition	ns contributing to	deeth but no	t resulting in	the underlyle	ng ceuse given in	F	MAS AN AUTOPS' PERFORMED? YES 2 1 NO	Y 24	Bb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26.6	LACE OF DEATH (C)	hack only one)		_	
EXAMINER?  1 XYES 2 NO	HOSPITAL:	Y EDIO.		OTHER:					
27. MANNER OF DEATH	28e. DATE OF		28b. TIME		me 5 - Reeldence		HOW INJURY O	CCUBEC	
XXX Natural 5 Pending	(Month, L	Day, Year)	INJU	RY W	ORK?	200. DESCHIBE	HOW INDUNT O	CUMED	
2 Accident Investigation	20.00				YES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE C building.	of INJURY — At etc. (Specify)	home, farm, atr	eet, factory, off	ce	261. LOCATION City or Town	(Street and Numb n, State)	per or Rura	I Route Number,
const. oray	BICIAN: To the best of a								e(e) end menner se stated.
296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU	MBER	29d. D.	ATE SIGNI	ED (Month, Day, Year)
$M \wedge C$	ANX)				OCM	F.	<b>&gt;</b>		12-90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH #	TEM 27) /Time 4	Print)	CCM				12-30
	M.D., De	,		,	nn Street	t, Balti	more,	MD	21201 vl
31. DATE MAD MONTY DE VEGOD	9 ALCES STR	ME SIGNATURE	CARL						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND	MEN.	TAL HYGIENI REG. NO.	9	
	1. DECEDENT'S NAME (First, Middle, Last)  MELVIN SHEVITZ	(MELVIN S	PANLEY	SHEVITZ	3)	MC	AY 19. 1	990	3. TIME OF DEATH 9:38 A M
		1 M 2 🗆 F	i. AGE (In yrs. lest birthdey)  F UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BIRTH (Month, Dey, Year, MAR.  9b. CITY, TOWN OR LOCATION OF DEATH					1925 9c, COUNTY	MARYT.AND OF DEATH
TOR		INS HOPKINS HOSPITAL			MORE			٠ سده	Politic *
DIRECTOR	10a. STATE 10b. COUNTY	ALTIMORE	10c. C/1	Y, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	1 PYES 2 NO OF WHAT COUNTRY?
FUNERAL	2108 OUR LANE	12. WAS DECEDENT EVER IN U.	& ADMED	13 WAS I	ECENDENT OF HIS	21153			USA RACE — American Indian,
B	1 Never Married XXXarried 3 Widowed 4 Divorced	FORCES? 1 YES  IF YES, GIVE WAR OR DATE  WWII ARMY	2 NO	If yes,	specify Cuban, Max ES 2 40 Spe	clean, Pua soffy:	rto Rican, atc.)		Black, Whita, etc. Specify: WHITE
COMPLETED	15. OECEOENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	ITION most of working		ASC C	INESS/INDUST	
COM	17. FATHER'S NAME (First, Middle, Last)	3	NAC	TOTAL	18. MOTHER'S	NAME (Fir	st, Middle, Maiden	Sumame)	
BE	HARRY L. SHEVIT	ľZ	19b, MAILING	G ADDRESS (Stre	et and Number or Rui		NA KARS		de)
٩	19a. INFORMANT'S NAME (Type/Print)  MRS. ROCHELLE SHEVITZ  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2108 OUR LANE STEVENSON, MD 21153								
	20b. METHOD OF DISPOSITION  1 Q-Burlel 2 Cremation 5 Other affectly)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State								
	21. SIGNATURE OF SUMERIAL SERVICESCOCE	НВЕВ		SOI	LEVINSO	3 NC	BROS.,		
	23. PART I. Enter the diseasee, or co	implications that caused the	ne death. Do	not enter the	O RETS'PE	RSTY	cerdiec or reepi	RALTY ratory erreet	, MD 21215 , Approximate intervel Between
17)	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  e. Cauda Arrest 30m								Onset and Deeth  30minuts
NO	OUE TO (OR AS A CONSCOUENCE OF):  I SCHEMIC HEART DISCHE  Sequentially list conditione,  DIFTO (OR AS A CONSCOUENCE OF):								
CERTIFICATION									15 Days
	PART II. Other significent conditions		not resulting	in the underly	Ing ceuse given	in Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
DIC	C*	Emboli !					1 YES 2	/LL	COMPLETION OF CAUSE DF DEATH?
 Z	Cigarette	Abuse							1 TYES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINEN?	HOSPITAL:		OTHER:	PLACE OF DEATH	7			
PHYSICIAN: MEDICAL	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 ☑ Inpatient 2 ☐ ER/Outpati  28e. OATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c.	IOME 5 Realden INJURY AT WORK? YES 2 NO		Other (Specify) DESCRIBE HOW II	NJURY OCCUR	EO
TED BY	2 Accident Inventigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, atc. (Specify,	At home, farm,				LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
BE CC	295. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE	NUMBER		29d. OATE S	IGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO	4000	H (ITEM 27) (Typ	e, Print)	600 27 77	OI 77-	0.77	7.50	1990
	James D. Nan	nnoum M.D.	70		600 N W	ULFE	ST., BA	LTO.MI	21205
	31. OATE FILEO (Month, Day, Year)  MAY 93 1000	32. REGISTRAR'S SIGNAT							
	MAT €3 1990	golo Day don	THE PARTY OF THE P						DHMH-16 Rev 1/89

0

MANAGE STREET

5

Maria Ci

50

£5-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Last)	Shor	_			2. DATE O	OF OEATH	1 9		TIME OF OEATH	
	M 4 10 -0 -4	SEX 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Year)	3	NAR'S	ACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give street	etitution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								тн	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY TOWN OR LOCATION							Od. INSIDE CITY LIMITS?  VES 2 NO	
	10a. STREET AND NUMBER	PLTIMORE BOUTO					1 □ YES 2 ♣ NO  10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	. WAS DECEOENT EVER IN FORCES? 1 YES	2 <b>2</b> NO			SPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, xican, Puarto Rican, atc.)  Black, Whita, atc.					
D BY	3 Wildowed 4 Olivorced  15. OECEOENT'S EDUCATION	ON OF YES, GIVE WAR OR DA	ATES 16a. OECEOENT'S US	1 TYES	Λ		KING OF BUS	INESS/INOUST	Specify:	WHITE	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  MANAGER			of working	100.	310-31000	OST OF		2		
							iddle, Maiden				
196. INFORMANT'S NAME (Type/Print)  MRS. DORIS SHOR  196. MAILING AGORESS (Street and Number or Rural Route Number, City or MRS. DORIS SHOR  2518 SUMMERSON RD. BALTO.,											
	20a. METHOD OF OISPOSITION 1	from State MC	DES MONTE	ON (Name of came EFIORE W	etery, crematory or OODMOOR	HEBR	20c. LO	CATION — City BALTIMO			
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AND SOL I	EVINSON REISTERS	& BR	OS.,		- MI	21215	
	23. PAR I. Entar the disesses, or comp shock or heart failure. List	plications that caused only one cause on e	tha death. Do not ach line.							Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARD		MAR	7 A	V/e.	st			Onset and Death	
N	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	•	CONSEQUENCE OF:								
ERTE	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSCOUENCE OF):								
CAL	PART It. Other algnificant conditions co	ontributing to death b	ut not resulting in	the underlying	cause given in	Part I.	24s. WAS AN PERFOR	MEO?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI							1 TYES 2	y₂ no		F DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: \/			ACE OF DEATH (Ch	eck only one	9)				
IXSI	1 X YES 2 NO 1	☐ Inpetient 2 ER/Outs	outlent 3 DOA 4		5 Realdence						
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	M 1 V	RK? ES 2 NO	28d. DE\$	CRIBE HOW I	NJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number of Rural Ro						ute Number,			
COMPLETED	onei	N: To the best of my know On the besis of examination							Buse(8) (	and manner as stated.	
BE	SHE SIDHATURE AND TITLE OF CENTRER	and Ex	2 Attend	Ping	29c. LICENSE NUM	70	9	29d. DATE SI	GNEO (	Honth, Day, Year)	
T0	30 NAME AND ADDRESS OF PERSON WHO CO	EHFRE	W MI	rint) S.	PAT	Hos	p. fort	0	3A	27	
	31. DATE FILED (Mpnth, Day, 16ar)  MAY 23 1990	32. REGISTRAR'S SIGN	- Handall								

FOR

	1 - STATE REGISTRAR	SINIE UF MANTE	CERTIFIC	CATE OF	DEATH	NENTAL FITGIEN REG. NO				
18	1. DECEDENT'S NAME (First, Middle, Last)	0 11				2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH		
	Hyman	Smith				5 1	8 9	0 3:50 P	A	
	4. SOCIAL SECURITY NUMBER	2 5	M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	103-01-3051	1 ₩ 2 □ F 6			11/16/20		NEW YORK	4		
œ	9a. FACILITY NAME (if not institution, give street and number)				R LOCATION OF DE	ATH	9c. COUNTY			
5	BALTIMORE COUNTY	GEN. HOSP.		RANDA	LLSTOWN		BA	LTIMORE	-	
DIRECTOR	MARYLAND 106. COUNTY	BALTIMORE	10c. CITY,	RANDAL			10d, INSI XIMI 1  YES			
FUNERAL	3620 KINGS POINT		101	ZIP CODE 21133		109. CITIZEN OF WHAT COUNTRY? USA				
B≺	11. MARITAL STATUS  1 Never Married 2 Marriad  3 Widowed 4 Olvorced  12. WAS DECEDENT EYER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES									
品	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S U	SUAL OCCUPATION	ON at of working	16b. KINO OF BU	SINESS/INDUST	rry		
	(Specify only highest grade completed)  Elementary/Secondary (6-12)  College (1-4 or 8 +)  (Give kind of work done during most of working life. Do NOT use retired.)									
COMPLET		3	DISAB	ILITY C	LAIMS AD		S.A			
	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)									
8	ISIDORE SMITH  199, INFORMANT'S NAME (Type/Print)		105 MARINO A	DDBESS (Stead of		NKNOWN	on State 7to Co.	41		
9	19th. INFORMANT'S NAME (Types/Print) RICK SMITH  19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 53 PICADILLY CIR. MARLTON, NJ 08053									
	20s_METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			LEVINSON	& BROS, I	INC.			
	Jely lux			6010	REISTER	STOWN RD.	BALTO	, MD 21215 Approximets		
	23. PART I Enter ins diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or Reert failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):									
N	coronary acteurs disease									
CATIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
	DARW II OAL - LINE III - A III							l'		
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
2	O/					_				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HODGETAL			LACE OF DEATH (Ch	eck only one)			_	
YSI	1 TYES 2 NO	HOSPITAL: 1 M Inpatient 2 ☐ ER/Out	patient 3 DOA	OTHER: 4 - Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	REO		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stocify)	reel, factory, offic	20	26f. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	(ondon only	CIAN: To the beat of my knowns: On the basis of examination						ause(a) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER	MB			29c. LICENSE NUI	MBER	29d. DATE \$	IGNEO (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR  13 CL 17  12. REGISTRAP'S SIGN  FULL DAMAGE	EATH (ITEM 27) (Type, I	Print) General	al Hac	: D			-	
	31. DATE FILED (Month, Day, Year)	22. REGISTRAB'S SIG	NATION AND AND AND AND AND AND AND AND AND AN	201101	-1100	,10			_	
	31. DATE FILED (Morth, Day, Year) MAY 23 1990	Julia Davidsor	- Marian							
		21						DHMH-16 Rev 1	/89	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

permit.

burial-transit

detached f

funeral director, page 5 should

once.

胺

notified

pe

must

examiner

medical

IMPORTANT: II

Malika Waseem, M.D.

32. REGISTRAR'S SIGNATURE

Eviden

31. DATE FILES (North 99 7 ar)

まる 223

1	afte	by th	5	Cal
•	15	d in	5	med
	J	y fille	6	the state
5	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	within 72 hours after death with the State Dept. of Health and Mental hygietie prior to burial, commony, or remove	ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical
	red	COM	ė,	2 6
2	Dake	and		nati
<	20	clan	5	Ē
ś	ficate	phys	5	ler t
j	certif	Bug	Me	ŧ
Ľ	ath	tten	E	, 0
DIVISION OF VITAL RECORDS, F.O. DOA 13149,	he de	the a	Men	Ē
5	hat t	by.	and	my 1
5	res t	gne	earth	50
Į.	edni	en s	5	how
_	WE	S De	ept.	23 8
ζ	The	te ha	16 C	E
Ξ	AN	iffica	200	Ë
L	SICI	5	5	d, 0
)	E	this	M	F
ξ	DING	After	deatt	E
2	TEN	DR:	Her	80
>	R AT	RECT	urs a	E
	0	10	2 10	1 16
	PIT	ERA	7	7
	<b>F</b>	FUN	W.	TAN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) May H SADLER Mayr 21, 1990 9:25 рм 7. DATE OF BIRTH 7/25/04 8. AGE (In yrs. lest birthday) 85 yrs. 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS Maryland 1 - M XXF 215-12-1401 9c. COUNTY OF DEATH 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore County DIRECTOR Franklin Square Hospital RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION MD Baltimore XXYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21224 USA 131 North Potomac Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 2 X No 1 Never Married 2 Merried Specify: В XX Widowed 4 Divorced white 16e, OECEDENT'S USUAL OCCUPATION ETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest gr (Give kind of work done during mo Elementary/Secondary (0-12) College (1-4 or 5+) housewife own home COMPL unknown 17. FATHER'S NAME (First, Middle, Last)
James Rolfe 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Catherine Unknown BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Jack Sadler 7119 Mt. Vista Road/KIngsville, MD 21087 20s. METHOD OF DISPOSITION
XIXBurial 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Holy Redeemer Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Moran-Ashton Funeral Home, Inc. TI 3000 E Baltimore St/Ralto MD 23. PART I. Enter tha diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximata interval Between ehock, or heert fallure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition Diffuse Histiocytic Lymphoma. reculting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure. CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING Anemia. CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF OEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpetiant 2 - ER/Outpetiant 3 - DOA OTHER: 1 TES 2XXNO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 26b. TIME OF 27, MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X X Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Pown, State) 3 Suicide 6 Could not be ETED 4 Homicide determined COMPLI 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE (Med. Admittip officer) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Dr., Balto., 21237

DHMH-16 Rev 1/89

090 " 13

5 5

ECTOR: After this certificate has been signed by the attention polysician and connolleisty lifed in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	e ned within /2 hours after death with the State Dept. Of readth and wentak hypotre prior to believe. On the state Dept. Of readth and wentak hypotre prior to be not stated at the state of the state o
THE FUNERAL DIRECTOR: After this ce	De ned within 72 nours after death with the IMPORTANT. If item 28 is marked,
	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending placed knowled with the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)  ULLIAN	M	THOMAS	2. DATE OF DEATH MONTH DAY					
ı	A SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yes last hirthday) IE INDER 1 YEAR	IE UNDER 24 HPS 7 DATE OF BIRTH					

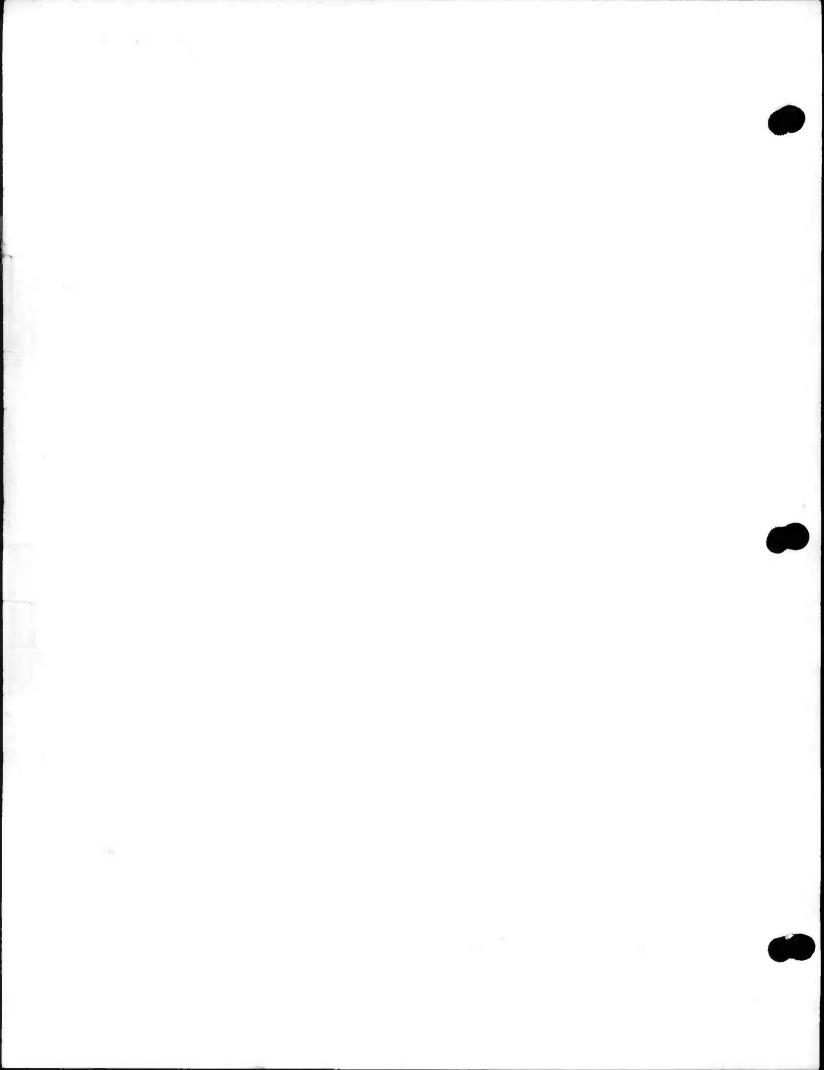
	1. DECEDENT'S NAME (First, Middle, Lest)  ULLIAN MTHOMAS									2. DATE OF DEATH DAY VEAR 3. 1			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. last	-	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.				e. BIRTH	ryland
œ		9e. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore					EATH
읽	Sinai Hospit			Da	T C T !!	1010							
DIRECTOR	10e. STATE 10b. COUNT		TOWN OR			7					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	3004 GUZN	ME				101	ZIP CODE	1215	•	10g. CITIZEN OF WHAT COUNTR			VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?				If	yes, spe	ENDENT O	F HISPANI	IC ORIGIN? (Sp I, Puerto Rican		se or No— 14. RACE — American Indian, Black, White, etc. Specify: BUCK		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	ve kind of w	USUAL OCC ork done du o retired.)	ring mo	st of working	_	16b. KINI	of Busi	eti:				
DMP	17. FATHER'S NAME (First, Middle, Last)								AE (First, Middle	Meiden S	(umeme)		
BE C	McKinley W	allace							ence				
	19e. INFORMANT'S NAME (Type/Print)	•	19t						loute Number, C				
유	Catherine G			300	4 G	len	n Av	ve.	Balto	)., l	MD. 21215		
ł	20a METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Rei 4 Donation 3 Other (Specify)	noval from State	20b. PLACE ( other pla	ice)	ng N							City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	4	#281	22. N	AME AM	ID ADDRE	SS OF FAC		17	21-	27 N	N.MonroeSt
Š	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  DUE TO (OR AS A CONSEQUENCE OF):  CMOIOGENIC SHOCK												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thei initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d												
MEDICAL	DIMETES TELLITUS  PERFORMED?  1 YES 2 NO  AMAILABLE PRIOR TO COMPLETION OF CALOUR DESTRICT OF CALOUR DESTRICT OF CALOUR DESTRICT OF CALOUR DESTRICT OF DEATH?								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF D	EATH (Che	ock only one)				
PHYSICIAN:	1 U YES 2 NO 27. MANNEW OF DEATH		ER/Outpatient 3 INJURY	DOA 28b. TIMI	4 Nursi	ing Hon 28c. INJ	URY AT	esidence	8 Other (Sp 28d. DESCRIE		JURY OC	CURED	
ВУ	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined		M street, factor	1 🔲	_	No		N (Street e wn, State)	nd Numbe	or or Rural	Route Number,		
COMPLETED	ana)	SICIAN: To the best of e											e) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF GERTIFIER					29c. LICENSE NUMBER				29d. DATE SIGNED (Morth, Day, Year)  5/17/20			
5	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	いか	Æ	RI	no r	vo 2	21215	-	
	31. DATE AT (MOZII) 31990	Julia David	IR'S SIGNATURE										

	1
	į
13146,	manage of the same
, P.O. BOX 13146	Mr. and a few and
О	Acres and
ORDS,	10 mm
OF VITAL RECORDS	
VITA	A
O	
DIVISION	
5	-

N: The law requires that the death certificate be executed v	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	---	---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Joseph	т.	Taylor			2. DATE O MONTH	DE DEATH DAY	YE	AR	:44AM m	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Year)		Country)	Jersey	
<u>~</u>	9a. FACILITY NAME (If not institution, give stree	9a. FACILITY NAME (M not institution, give street and number) University Hospital  9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City								_	
5	RESIDENCE OF DECEDENT										
DIRECTOR	MARYLAND 10b. COUNTY	RYLAND BALTIMORE					E CITY				
FUNERAL	10s. STREET AND NUMBER			101	ZIP COOE		1	10g. CITIZEN	OF WHAT	COUNTRY?	
NE I	1005 BILLIE HOI	LIDAY CT.	N U.S. ARMED	13. WAS DEC	2120		(Specify Year		RACE -	American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	elfy Cuban, Maxica 2 NO Specify	n, Puarto A			Black, Wi Specify:	olta, etc.	
Э ВУ	3 Wildowed 4 Divorced								1,	BLACK	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	TION projeted) College (1-4 or 5+)	16a, DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during ma	DN st of working	16b.	KIND OF BUSI	NESS/INDUST	TRY		
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	liddle, Maiden S	urneme)			
BE C	JOSEPH LEWIS				JACQU	ELIN	E TAY	LOR			
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural i						
-	JACQUELINE TAY				HOLIDA	У СТ				21205	
	20a. METHOD OF DISPOSITION  1 Deuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	o. PLACE OF DISPOSE other place) WESTERN	STAR	CEMETER			TIMO		Stata MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY O. DYETT & SON FUNERAL HOME										
	Teroup	1. Der	ett	4600	LIBERT	Y HE	EIGHTS	AVE	NUE	HOME	
	23. PART I. Enter the disease, or co	mplicatione that cause	d the death. Do no	ot enter the mo	de of dying, auc	h aa cerd	lec or reepin	etory errest	,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  e. Gunshot wound to back										
	DUE TO (OR AS A CONSEQUENCE OF):										
O	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leeding to immediate course. Enter UNDERLYING										
IFI	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
ERI	resulting in death) LAST									•	
MEDICAL C	PART II. Other significent conditions	contributing to death t	but not resulting in	the underlyin	g cause given in	Part I.	PERFORMED? AMAILABLE PRIOR COMPLETION OF		RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
				· · ·		_	2001-			D∛yES 2 □ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	neck only on	e)	-:			
SIC		HOSPITAL: 1 ☐ Inpatient 2 反原/Out	patient 3 DOA	OTHER:	ne 5 🗆 Rasidence	6 🗆 Other	r (Specify)				
νНζ	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME	OF 28c, IN.	JURY AT		CRIBE NOW IN		REO		
BY	1 Netural 5 Pending 2 Accident Investigation	5 <del>-20-90</del>	12:3		YES 2 2 WO		ject sl				
	3 Suicide 6 Could not be Could not be detarmined	treet, factory, offic	13160 Tridelphia Road, Howard								
COMPLETED	1 CERTIFYING PHYSICI	IAN: To the best of my know				n to the cau		ner as stated.		d menner as stated.	
BE C	290 STUNATURE AND TITLE OF CERTIFIER	· · · · · · · · · · · · · · · · · · ·			29c. LICENSE NU	MBER		29d. DATE S		onth, Day, Ybar)	
TO B	Am				OCME			<u> </u>	5-20	90	
F	James Kaplan, MD	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,		n Street	,Bal	timore	,MD 21	.201	VC	
	MAY 23 1990	32. REGISTRAR'S SIGN	MATURE ACTION								



	at once.	
	be notified	
	caminer must	
OI TOTAL OF THE	nedical ex	
CI OLISIADILI.	vent, the	
TO TO DOLLAR,	raumatic e	
January Pri	other to	

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH															
	Renee					Toles				5-16-90 DAY			YEAR	1:07	PM	м
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1		IF UNDER	_	7. DATE	OF BIRTH , Day, Year)		8. BIRTH	IPLACE (Ste	te or Foreign	,
	218-58-51	15	1 🗆 M 2🗶 F	38	YRS.	MONTHS	DAYS	HOURS	MIN.		5/52			ťo.,	MD	
	9e. FACILITY NAME (If not institution, give street end number)					9b. CITY,	TOWN	R LOCATI	ON OF DE	ATH			NTY OF D			
PO	Johns Hopkins Hospital						Bal	timo	re C	ity						
[[	10e. STATE	10b. COUNTY	1		10c. CITY	, TOWN OF	R LOCAT	ION						10d. INSID	E CITY	$\dashv$
H	Maryland					Ba1	tir	nore	Ci	ty				LIMIT 1X YES	\$7 2 □ NO	
BY FUNERAL DIRECTOR	100. STREET AND NUMBER 1816 W. Baltimore Street					101. ZIP CODE 10g. CITIZEN					US.	F WHAT COUNTRY?				
3	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S. AF	MED						? (Specify Yea	or No-	14. RAC	E — America	ın Indian,	$\dashv$
F	1 Never Merried 2X		FORCES?	I VES 2 📉 I	Ю			ecity Cube			lican, atc.)		Blac	Black, White, atc.		
	3 Widowed 4 Dive	orced										-		B1.	ack	
		EDENT'S EDU ly highest grade		(G	CEDENT'S	vork done di			ng	16b.	KIND OF BUS	SINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	. Do NOT ua	ө гөшгөсі.)										
S	17. FATHER'S NAME (First, A										Aiddle, Maiden					
BE	Berkeley		=					1	0		an-Pa	_				
2	Mary Jorda		ige	19	6. <b>MAJLING</b>	Pent	(Street o	nd Numbe	r or Rural I Veni	Route Numl Le	e, chy or four Balto	n, State, Zi	Md	212	39	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town															
	4   Donetton 5   Other (Specify)   Western Star Cemetery   Balto., MD															
	21. SIGNATULE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Leroy 0. Dyett & Son Funeral Home															
	23. PART I. Enter the d	04	0	WIL	X	46	00	Lib	ert	у Не	ights	Av	enu	е		
TION	IMMEDIATE CAUSE (FI disease or condition resulting in dasth)  Sequentially list condi- if any, lasding to imme	tions, odieta	b		AND 1	F):	TIC	INT	OXIC	OITA	N				rvel Betweet and De	
ERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d															
: MEDICAL CERTIFICATION	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1.  24a. WAS AN AUTOPSY PERFORMED?  XXXXES 2 \( \text{NO}\) NO  24b. WERE AUTOPSY FINDINGS  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXXVES 2 \( \text{NO}\) NO								250							
IAN	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF	DEATH (Ch	neck only or	10)				_	
Sic	EXAMINER?		HOSPITAL: 1   Inpatient 2	MXR/Outpatient	3 🗆 DOA	OTHER		ne 6 🗆 R	leeldence	6 🗆 Othe	r (Specify)					
COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5	Pending		Day, Year)	28b. TIM	_	26c. IN.	JURY AT ORK? YES 2		26d. DE	SCRIBE HOW I		CCURED			
8	2 Accident Investigation 5-16-9() 2 Suitside 28e. PLACE OF INJURY — At hon					street, facto	ory, offic	00					er or Rural	Route Numb	er,	
ETEC	4 Homicide determined HOUSE City or Town, State)  BALTIMORE, MD							1	701 W	OLFE	ST					
OMPL	anal anal		ER: On the basis of											(e) and meni	ner ee state	ıd.
BE C	296. SIGN TURE AND TITL	E OF CENTIFIE	1	1 nov	7			29c. Li	ENSE NU	MBER		29d. DA		D (Month, De		
TO B	Jak		11/4	1///	()	Du-c		OC	ME					5-17-	90	
-	Julia C.					,	tre	et P	al+i	more	,MD 21	201			,	vc
1	1. DATE FILED (Month, Day	( Year)	32. REGISTE	TAR'S SIGNATURE_	ا مم	J.11. C	, CL C	,D	ــــــــــــــــــــــــــــــــــــــ	WOT 6	1111 21	201				V C
	MAY 23		Alla Davi	AAR'S SIGNATURE												
_		1000	1/	· · · · · · · · · · · · · · · · · · ·												_

.

rurs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely imed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yors after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mind in by the ite filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notiffed at once.	

•	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las		d silt		The same are a	2. DATE OF DEATH	AY YI	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 221-18-1295		(In yrs. last birthday) IF U	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dex, Year) May 13,19	8.	BIRTHPLACE (State or Foreign Country) aryland	
H	9a. FACILITY NAME (If not institution, give At Home RD 1		9b.		r vdel		9c. COUNTY		
CTO	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	Lan OUTV TO	WN OR LOCAT						
DIRECTOR		oline		cydel	ION		10d. INSIDE CITY LIMITS?  1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER  RD 1 Box 19	8 C		101.	21649			S.A.	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 WAS IF YES, OIVE WAR OR DATES			If yes, spe		IIC ORIOIN? (Specify Yen, Puerto Ricen, etc.)	as or No 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed) College (1-4 or 5+)	Give kind of work of life. Do NOT use retire	done during mos	DN st of working	JSINESS/INDUSTRY			
MP	7 Grade Housew				10 HOTHERIC MAI	At Hon			
BE CC	Edward Cann			Hilda C		Sumeme)			
TO B	19a. INFORMANT'S NAME (Type/Print) Victor H. Tribb	itt		Box 19		rydel, Md			
	20a. METNOD OF DISPOSITION 1	b. PLACE OF DISPOSITION other place) Glenwood Co	Con (Name of cometery, cremetory or Smyrna, Delaware						
	21. SIGNATURE OF FUNERAL SERVICE	4		F		neral Dire		aware 19977	
	23. PART I. Enter the diseases, o shock, or heart felium	or complications that cause e. List only one cause on e	d the death. Do not a						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Metastatie Carcinosarcoma of Utra								
_									
MIOI	Sequentially list conditions, If any, leading to immediate  COURSE PRINCE LINDED VINCE								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events reaulting in death) LAST								
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
PHYSICIAN: MEDICAL						1   YES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL			20 00	ACE OF DEATH (C)	anti-onti-onal			
SICI	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out		HER:	ACE OF DEATN (Ch	6 C Other (Specify)			
РНУ	27. MANNER OF DEATH Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	PRK?	28d. DESCRIBE NOW	INJURY OCCUP	RED	
ED BY	Netural   5   Pending						Rural Route Number,		
LET	29a. CERTIFIER	YSICIAN: To the best of my know	uladna, daeth assumed et	the time date	and place and due	to the equate) and m			
COMPLETED	one) 2 MEDICAL EXAM	INER: On the beals of examination					nd due to the c	cause(a) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CENTRE	OF B			29c. LICENSE NUI	D890	29d. DATE S	HONED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON	× 140	Milli	4/0	n Ma	1. 21	651	/- //	
	31. DATE FIRM 23 300 1991	82 REGISTRATES SIGN	HATTING AND	U			,		

Addition of

Logs

. . .

The state of the s

resident of the second of

3

A STATE OF THE PARTY OF THE PAR

8

melin list av stannin

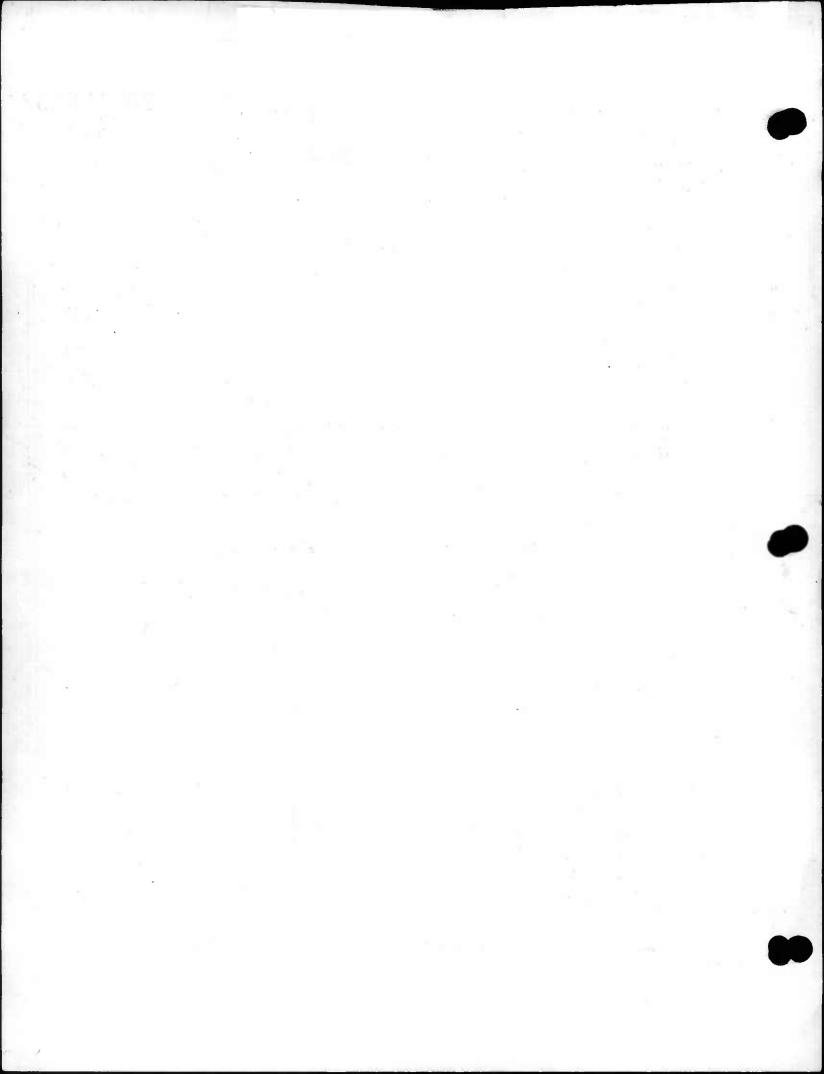
March & May

100 A 24 TO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYL			HEALTH AND	MENTAL HYGIENI REG. NO.	90	14083	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	RICHARD TYLER					5-12	- 90	9:02 Au	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign	
	224-52-3224	× M 2 □ F 7 3	3 YRS.	MONTHS DAY	HOURS MIN.	5-2-19	17 VII	REINIA	
	9a. FACILITY NAME (If not institution, give street a	and number)		9b. CITY, TOW	N OR LOCATION OF D		9c, COUNTY OF	DEATH	
ECIOR	UNION MEMORIAL HOS	PITAL		BALTIM	ORE CITY				
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		I too CIT	Y. TOWN OR LO	CATION			10d. INSIDE CITY	
2			-				LIMITS?		
	MD  100. STREET AND NUMBER		IBA	TIMOR	101, ZIP CODE		1 V YES 2 NO		
L	1100 BOLTON ST				21201		US	2000	
5	11. MARITAL STATUS 12.	WAS DECEDENT EVER I	N U.S. ARMED		ECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No.— 14, RAC	E — American Indian.	
BT FUNERAL	1 Never Married 2 Married	FORCES? 1 YES	2 NO		specify Cuban, Maxic ES 2 \( \sqrt{\text{y}} \) NO \( Specifical \)	en, Puerto Ricen, etc.) ly:		ck, White, etc.	
	3 Widowed 4 Divorced				٨		BLACK		
ובח	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON oleted)	16a. DECEDENT'S (Give kind of viille. Do NOT us	vork done during		16b. KIND OF BUS	HNESS/INDUSTRY		
COMPLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)		TARY					
2	17. FATHER'S NAME (First, Middle, Last)		l urri	IAKI	18 MOTHER'S N	AME (First, Middle, Maiden	Sumama)		
	WILLIAM TYLER					NICHOLSO			
מ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Town			
2	MILDRED RUFF:	NI	RT	. 3 BOX	261 EMPOR	IA, VA.	23847	100	
	208 METHOD OF DISPOSITION	20	b. PLACE OF DISPOS		cemetery, crematory or		CATION — City or 1	Town, Stata	
	1 🖒 Surial 2 🗆 Cremation 3 🗆 Ramoval 4 🗆 Donation 5 🗆 Other (Specify)	from Stata	TYLER I	FAMILY	CEMETE	RY GRE	ENSVIL	LE CO. VA.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE		22. NAME	AND ADDRESS OF F	ACILITY			
	> Blades 4	Danier	$\supset$	WM	.C. MAR	CH F.H. 1	101 E.	NORTH AVE	
	23. PART I. Enter the disease, or companies shock, or heart fellure. List	olicetions thet ceuee	d the death. Do	not enter the	mode of dying, su	ch as cardiec or reapi	ratory arrest,	Approximate	
	IMMEDIATE CAUSE (Final	only ona cause on e	each line.		0 0 1			Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  e. REPRADRY FATURE  DUE TO TOR AS A CONSEQUENCE OF:  Sequentially list conditions.								
		DUE TO TOR AS	A CONSEQUENCE O	FI:					
5	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
4	If eny, leading to immediate cause. Enter UNDERLYING	PAC CIL	AA A A	F): A					
2	CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE O	D:				<del> </del>	
HILICALION	resulting in death) LAST								
S	d								
AL	PART II. Other algnificant conditions co	ENAC	but not reaulting	in the underl	ring ceuse given is	Part i. 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC	ACUIER	ENAC	- FXT	CURI	5	1 🗆 YES 2	Pho	OF DEATH?	
Ž	ACUTE	6-COM	ERUCO	NEPL	K/115.	- 1	`	1 TYES 2 NO	
Z	25. WAS CASE REFERRED TO MEDICAL			-					
3	EXAMINER?	OSPITAL:		OTHER:	PLACE OF DEATH (C				
PHYSICIAN:	1 VES 2 NO 165	28a. DATE OF INJURY	patient 3 L DOA		IOMe 5 Residence	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURED		
	Natural 5 Pending	(Month, Day, Year)	IN-	JURY	WORK?  YES 2 NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUR	Y — At home, ferm,	street, factory, o	ffice	28f. LOCATION (Street		I Route Number,	
COMPLEIED	4 Homicide detarmined	building, atc. (Spe	scny)			City or Town, State)			
7	29a. CERTIFIER CERTIFYING PHYSICIAN	i: To the best of my kno	wiedge, death occurr	ed at the time,	late and place, and du	a to the cause(a) and ma	nner as stated.		
M	one) 2 MEDICAL EXAMINER: O			e(s) and manner as stated.					
	29b. SIGNATURE AND THE OF PERIOD	1. A			29c. LICENSE N	JMBER	29d. DATE SIGNE	ED (Month, Day, Year)	
DE C	13/m	> (n-1)	4				> 5/1	2/80	
2	30. HAME AND ADDRESS OF FERSON WHO CO	DMPLETED CAUSE OF D					201 E. 1	WIN PHWY	
	S. 4	512K	M.D.	UNI	ONMEMI	RNALHOSP	BALT	SILIS ON	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE						
	MAY, 27,1990 5	AND THE PARTY OF T	1						



	dea	2		SX3
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
	23	in b	Te.	ē
	0	8	ō	E
,	24	Jy /	tion	the state of
	thi	eteh	EL	Ŧ,
	*	Ē	5	9
	nted	8	rial,	3
	xec	and	2	Fat
	90	an an	r 10	5
	te	Sici	prio	Ħ
	fica	듄	De	her
	Sert.	ling	ygie	TO
	E	tend	I	9
	de	at	ещ	Ę
	the	5	2	Ī
	hat	9	an	À
	es	gne	alth	88
	ğ	I Si	H	*
	V re	pee	t. 0	-55
	NE S	SPL	Dep	23
	Ĕ	ite	ate	em
	Š.	ifica	St	=
	000	Cert	ŧ	0
	¥	his	ŧ,	ked
	9	ar to	€	Jar
	NI	Aff	de	S
	E	DR.	fter	60
	A	5	S	2
	BO.	H	hou	ten
	IAL	AL	2	=
	SS	NE.	H.	Z
	H	3	W	Ě
	IH	F	fled	00
	2	2	eg	3

31. MAY 23. 1990

					30	14004			
	1 . SIAIE		RTMENT OF HEALTH AND I						
	* REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	CERTIF	ICATE OF DEATH	REG. NO.		3, TIME OF DEATH			
		shor		MONTH DAY	15 90	1315 M			
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	218-22-3124 1 M 2 XF	68 VRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	LI Cour	irginia			
_	9a. FACILITY NAME (If not institution, give street and number)		96, CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH			
CTOR	DRIVENSITY OF Maryland Hospi		Baltimore		Balt	more City			
DIRECTOR	100. STATE 100. COUNTY  MD Baltimore Cit	10c, CF	Baltimore			10d. INSIDE CITY LUMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER		10f. ZIP CODE	7	10g. CITIZEN OF	WHAT COUNTRY?			
N N	11. MARITAL STATUS 12. WAS DECEDENT I	VER IN IL C. ADMED	13. WAS DECENDENT OF HISPAI	-   /	- U 54	CE — American Indian,			
BY FU	1 Never Married 2 Married   FORCES? 1   FORCES? 1   IF YES, GIVE WAF	YES 2 NO	If yes, specify Ciben, Mexica 1 — YES 2 — NO Specif	n, Puerto Rican, etc.)	Ble	ck, White, etc.			
O.	15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL OCCUPATION	16b. KIND OF BUSI	NESS/INDUSTRY				
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of life. Do NOT (	work done during most of working use retired.)	Uno	mploye	đ			
M G	17. FATHER'S NAME (First, Middle, Last)		10 MOTHER'S NA	ME (First, Middle, Maiden S		u			
E S	Charles Hunter		Mary		arnamoy				
BE	19a. INFORMANT'S NAME (Type/Print)	19h MAILIN	G ADDRESS (Street and Number or Rural		State Zin Code)				
2	Theodore Upshur	19	27 Etting St.	Balto.,	alto., MD. 21217				
150	20a, METHOD OF DISPOSITION 1 © Burlel 2 □ Cremation 3 □ Removal from State	other place)	SITION (Name of cometery, crematory or		ation — City or				
	4 Donation 5 Other (Specify)	4 Donation 5 Other (Specify) Garrison Forest Vet. OwingsMills, MD.  21. SIGNATURE OF FACILITY  22. NAME AND ADDRESS OF FACILITY							
	O(1-1)	_							
	Janier Sech	#281	E.L.Phillip	s F.H. 17	21-27	N.MonroeSt			
or other traumatic event, the medical examiner must be notined at once.  ERTIFICATION  TO BE COM		Dn each line.	DF):	The second	A C	Approximate intervel Between Onset and Death			
	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST   B. Regarinatory Failure  DUE TO (OR AS A CONSEQUENCE OF):  C. Subdwal He matter at the condition of the consequence of the condition of the consequence of the c								
	PART II. Other significant conditions contributing to d	eath but not resulting	in the underlying cause given in			4b. WERE AUTOPSY FINDINGS			
shows any injury,  MEDICAL CE	Hypertensian, mild r	enal fail	WH	1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
E G				_	4.10	OF DEATH? 1 ☐ YE6 2 ☑ NO			
<u>≥</u>						7			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (CI	neck only one)					
Si le	EXAMINER?  1 VES 2 NO 1 Vapatient 2	ER/Outpatient 3 🗆 DOA	OTHER: 4   Nursing Home 5   Residence	_					
5   ≥	27. MANNER OF DEATH 28s. DATE OF II	JURY 28b. Ti	ME OF 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED				
	Month, Day	189 13	WORK?  M 1 YES 2 NO	Fell down	Plieby	Lot stairs			
	Accident investigation 28e. PLACE OF	NJURY - At home, farm	w - 7	26f. LOCATION (Street a	nd Number or Run	al Route Number,			
TED	4 Homicide 6 Could not be building, at	c. (Specify)	one	City or Town, State)	TING 5+	Baltimore			
	29a. CERTIFIER					JULI THON			
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the best of axa					e(a) and manner as stated			
S		The second second				NAME OF TAXABLE PARTY.			
	296. SIGNATURE AND TITLE OF CERTIFIER	Whit	_ M.D. 29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)			
≥ 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty)	of Surgery, 2	evsty of M	wyland t	15.401+1			
	21 DATE-EN ED (Morth Day Vost)	nam, DEPT	OT Surgery, 2	-2 S, GRE	ENE SI				
	MAY 23 1990 4 30 100	SHAME							

 for use as the burial-transit permit, Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE (	OF DEATH	ď.	3.	TIME OF DEATN		
	C. Robert Woo						5 16 10 10 10 10					
	4. SOCIAL SECURITY NUMBER						7. DATE OF BIRTN (Month, Day, Year)  8. BIRTNPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give s	150 M 2 G F 50	YRS.	DE CITY TOWN O		ATN AC	CHAI	HT 1931 MARYLAND				
5		9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN  Union Memorial Hospital  Baltimore City										
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT		I soo CITY	TOWN OR LOCAT	*				1 40	d. INSIDE CITY		
É	Brown an Bri	2000	2. V					LIMITS?				
	10e, STREET AND NUMBER	2111.1015	*	320H	ZIP CODE			10c. CITIZEN		T COUNTRY?		
	3830 DAGS	: MU RO	AO		21131			()	.7.	A.		
2	11. MARITAL STATUS	12. WAS DECEOENT EVER II			NDENT OF NISPAN			or No- 14.	RACE -	American Indian,		
-	1 Never Married 2 Married 3 Wildowed 4 Olvorced	FORCES? 1 YES			yes, specify Cuban, Maxican, Puerto Rican, etc.)  Black, White, etc.  Specify:  Specify:							
0			B	<u> </u>		100		1 \	1)34	3.71		
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mos	N it of working	165.	KIND OF BUS	INESS/INDUST	HY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Fr. 031	200		10	TRAY.	4500	T	00		
	17. FATHER'S NAME (First, Middle, Last)		Color	11111	18. MOTHER'S NA	ME (First, N						
0	CHARLES NO	W man	000		451	0.2	RUH	1				
	19a. INFORMANT'S NAME (Type/Print)			OORESS (Street a	nd Number or Rural F	Poute Numb	er, City or Town	State, Zip Coo	de)			
-	FAMILY KICO	209	SA	ME A	ABOI	18						
	20a METNOD OF DISPOSITION	20th	other place)	TION (Name of cen	letery, cremetory or		20c. LOC	ATION — City	or Town,	State		
	4 Donation 5 Other (Specify)		AIRVILL	n Cri	HOUST		1531	0501	K.T.	(0.		
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA	STO!	= CHI	23	,			
	Litalle # 2	1 sonor		2323	YORK	Ras	10-T	moc	200	~		
	23. PART I. Enter the diseases, or			ot enter the mo	de of dying, suc	h es card	llac or reapli	etory arrest	,	Approximata Interval Between		
	IMMEDIATE CAUSE (Fine)											
	disease or condition resulting in death)	. Pancrei		umor with metastases								
		DUE TO (OR AS	A CONSEQUENCE OF)	:								
5	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	1								
ALION	If eny, leading to immediate cause. Enter UNDERLYING		,									
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:								
-	resulting in death) LAST	d										
3	PART II. Other algorificant condition	ne contribution to deeth i	but not reculting in	the underlyler	Logues aluna la	Dort I	24a, WAS AN	ALTTOREY	245 W	ERE AUTOPSY FINDINGS		
3	TATT II. Other alguments contains		sat not recuting it	i the underlying	Couse Siven III	Cart I.	PERFOR	MED?	AN	MILABLE PRIOR TO OMPLETION OF CAUSE		
MEDIN					-	-	1 YES 2	□ NO	01	F DEATH?		
2						- 1			'	YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL	T		26. PL	ACE OF DEATH (Ch	eck only on	10)		L			
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	e 6 - Residence	6 Othe	r (Specify)					
Ē	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME	OF 28c. INJ	URY AT		CRIBE HOW II	JURY OCCUR	IEO .			
M 1 YES 2 NO												
							nd Number or	Rural Rou	te Number,			
3 Suicide 6 Could not be detarmined building, etc. (Specify)  29s. CERTIFIER (Chack only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s)												
7	CONTROL COMY	BICIAN: To the best of my know	wiedge, death occurre	d at the time, date	and place, and due	to the cau	use(s) and man	mer as stated.				
Ş S	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	on and/or investigation	, in my opinion, d	esth occured at the	time, date	and place, an	d due to the c	ause(s) a	nd manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	IR A . P	117		29c. LICENSE NUI	MBER				lonth, Day, Year)		
0 65	Jamaia H	. HTVORD	WD					▶5-	16-	90		
-		HO COMPLETED CAUSE OF DI BBAS MD, 2			Y PAPKU	IAY	RACTI	MORE	MI	21218		
	31. DATE FILED (Month: Pay., Year)	32. REGISTRAR'S SIG			1 10140	,, , ,						
	MAI 20 1990	7	7									

1001 16

.

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE OF MARYLAND / DEP. CERT	ARTMENT OF HEA		TAL HYGIENE REG. NO.			
0.000	1. DECEDENT'S NAME (First, Middle, Last) CIGTENCE E.WINDON	)	MC	TE OF DEATH	19 90	TIME OF C	50 P M
æ	4. SOCIAL SECURITY NUMBER  3. SEX  6. AGE (In yrs. lest birthold of the sex o	MONTHS DAYS H	F UNDER 24 HRS. 7. DA	TE OF BIRTH Conth, Day, Year) IGH ROCK,	Country)		1938
BY FUNERAL DIRECTOR	MERCY MEDICAL CENTER  PRESIDENCE OF DECEDENT  100. STATE  100. COUNTY  BALTIMORE	CITY, TOWN OR LOCATION	hore			Od. INSIDE	ON O
IERAL	100. STREET AND NUMBER 12/3 / ght Street	10f, Zi	21230	10	G. CITIZEN OF WH	-	
			DENT OF HISPANIC ORI y Cuban, Mexican, Puer Specify:		14. RACE - Black, Specify.	American White, etc.	Indian,
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)  BRIC	T'S USUAL OCCUPATION of work done during most of use retired.)  K LAYER	of working	CONSTRUC			
H	SIDNEY H. WINDON	ING ADDRESS (Street and	LUCY I.	SAMS			
5	BETTY S. WINDON RD 1	., Box 187,	FAWN GROV	E, PA., 1	7321		
	**State   2   Cremation 3   Removal from State   ST. PAUL		TERY		SVILLE,		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  LOUIS 16. Tillett		S F.H.INC.	600 Main	ST., DE	LTA,P.	A
	23. PART I. Enter the diseases, or complications that caused the death. Death ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  But TO (OR AS A CONSEQUENCE)	PENdir FAILUR	of dying, such as o	eardiac or reapirato	ory arrest,	interve	cimate ii Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST						
PHYSICIAN: MEDICAL CEI	PART II. Other algnificant conditions contributing to death but not resulting	ng In the underlying c	euse given in Part i	24e. WAS AN AUT PERFORMED 1 YES 2	NO (	WERE AUTOPS WAILABLE PROOMPLETION OF DEATH?	IOR TO OF CAUSE
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E OF OEATH (Check onl	y one)			
HASI	1 ☐ YES 2 NO 1 1 1 Inpatient 2 ☐ ER/Outpettent 3 ☐ DO 27. MANNER OF DEATH 28e. DATE OF INJURY 28b.	TIME OF 26c. INJUR	6 Residence 6 C	Other (Specify) DESCRIBE HOW INJUI	RY OCCURED		
B	2 Accident Investigation 28e PLACE OF INJUSTY At home te		3 2 NO 281.1	LOCATION (Street and I City or Town, State)	Number or Rural Ro	ute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurrence one) 2 MEDICAL EXAMINER: On the best of examination end/or investig					and manner	as stated.
TO BE CC	29b. SIGNATURE AND THE OF CERTIFIER	2	9c. LICENSE NUMBER		d. DATE SIGNED		
	_	Type, Print) 30/ ST.	PAUL PL	ACE	BALTO	Mo	2/202
	MAST 23/3890 gula landon Canada				4,11		III 16 Day 1/00



FOR STATE

	REGISTRAR	CERTIFIC	CATE	OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Nancy	Willi	.amson		2. DATE OF MONTH	17-90	YEAR	3. TIME OF DEATH
0.000	4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2   77  4. 3	last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF		Cour	7:06PM M  THPLACE (State or Foreign atry)  RYLAND
Œ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH			EATH		c. COUNTY OF		
20	University Hospital	1 12 227		timore Cit	_У		N/A	Line mains arm
DIRECTOR	MARYLAND N/A		TOWN OR LO					10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	MARYLAND N/A  100. STREET AND NUMBER	Dr	TUTTI	101. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	18 NORTH GILMOR STREET			21223			USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES & IF YES, GIVE WAR OR DATES	ARMED	If yes	DECENDENT OF HISPAI I, specify Cuban, Mexica YES 2 140 Specify	n, Puerto Rici			CE — American Indian, ck, White, etc. icity: BLACK
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S U	ork done durin	PATION g most of working	16b. Ki	ND OF BUSINE	ESS/INDUSTRY	
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+)	OMMUN.		ORKER				
COM	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	, ,		name)	
BE	BOYZ MANNING			veet and Number or Rural	IOLA		N	
2	DAVID WILLIAMSON	18 N	ORTH	GILMOR S	TREE	r (21)	223)	
		r olecel		of cemetery, cremetory or MEMORIAL	PK.		REL, I	Town, State MARYLAND
	21. SIGNATURE OF PURIFICE SERVICE LICENSEE		_	E AND ADDRESS OF FA			P.O.	BOX 4433
	* Nimette K. Do	nes	BRO	WN/THOME	SON	F.H.	(2)	1223)
	ahock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. FATTY LIVER Due to (on as a condition of the condition	SEQUENCE OF		è				Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
Σ	PART II. Other eignificant conditions contributing to death but n	ot resulting in	n the under	riying cause given in		48. WAS AN AU PERFORME	ED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  \$\( \)\text{TXYES} 2  \text{NO}
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)			
SIC	EXAMINER?  HOSPITAL:  1 □ Inpatient 2 XXI/Outpatien	nt 3 🗆 DOA	OTHER:			Specify)		
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Disy, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, s	treet, factory,	office	28f. LOCAT City or	TON (Street and Town, State)	I Number or Run	el Route Number,
COMPLETED	29a. CERTIFIES 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 CERTIFYING PHYSICIAN: To the best of my knowledge one) 1 CERTIFYING PHYSICIAN: To the best							e(a) and menner as stated.
ш	250 MONATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	IMBER	1:	29d. DATE SIGN	ED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	OCME			5.	-18-90
	James Kaplan, MD  31. DATE PLEET ANGENT THE SIGNATURE  31. DATE PLEET ANGENT THE SIGN			treet.Balt	imore	MD 21	201	VC

TO THE HOSPITAL DA STENDING PHYSICIAN: The law requires that the death certificate be executed within 🗷 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--	--

BE COMPLETED BY FUNERAL DIRECTOR

10

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

					9(	0 1408
FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND I			
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA	ALE OF DEATH	REG. NO.		3. TIME OF DEATH
JERNET	TE (	) IlliA,	MC	MONTH 10	YEAR	9:10 0
4. SOCIAL SECURITY NUMBER 2506	5. SEX 6. AGE (II		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPI Country)	LACE (State or Foreign
Se. FACILITY NAME (If not institution the st	treet and number)	96	CITY, TOWN OR LOCATION OF DI	EATH	9c, COUNTY OF DEA	ATH
RESIDENCE OF DECEDENT	SUF SIK	ect	DATTIMEN		10/.4	<i>t</i>
10a. STATE 10b. COUNTY		1 '	OWN OR LOCATION	-		IIII NSIDE CITY
MARYLAND 1	N/A	D F	LTIMORE	T	10g. CITIZEN OF WH	XX YES 2 NO
2405 PUGET ST	танот		21225		USA	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	24- MO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico	in, Puerto Rican, atc.)	or No- 14. RACE - Black,	- American Indian, White, etc.
3 🔀 🔀 idowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ITES	1 YES 2 XNO Specif	y:	Specify.	BLACK
15. DECEDENT'S EDU		16a. DECEDENT'S USU	JAL OCCUPATION done during most of working	16b, KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	HOUSEW	tired.)			
17. FATHER'S NAME (First, Middle, Last)		HOOSEV		ME (First, Middle, Malden S.	umame)	
JAMES SMITH			MARY	GALE		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	
MARY GERMAN		2443	WESTPORT ST	REET		
20a, METHOD OF DISPOSITION 1 Auriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	other place)	ON (Name of cemetery, crematory or RY CEMETERY		ATION — City or Tow	n, Stata , MARYLANI
21. SIGNATURE OF FUNERAL SERVICE LIC		T. OHEVI	22. NAME AND ADDRESS OF FA			BOX 4433
Wnett	5 K. 90	no	BROWN/THOMP:	SON F.H.		223)
23. PART I. Enter the diseases, or capacity or heart felium	complications that caused List only one cause on e	the death. Do not			atory errest,	Approximate interval Between
iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	METAST		POLON CAI	UCER.		Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):				
CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	oue to (or as a	CONSEQUENCE OF):				
PART II. Other significent condition	ns contributing to deeth b	ut not resulting in t	he underlying cause given in	Pert I. 24a. WAS AN A		WERE AUTOPSY FINDINGS

COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO

1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 □ Nursing Home 5 Sealdence 5 □ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 25c. INJURY AT WORK? 25b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident
3 Suicide M 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be determined 4 🗌 Homicide

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

Reginald W. S	tallings M.D.	29c. LICENSE NUMBER  DQQ 687	29d. DATE SIGNED (Month, Day, Year)
REGINAGION TERES	OMPLETTO CALLE & DEATH (ITEM 27) (Type, Print) - 19 EU	at Mount Royal -	Boly MO 31202
IN TAKE FICED (Mohili, Day, Warr)	32. REGISTRAR'S SIGNATURE		

. .

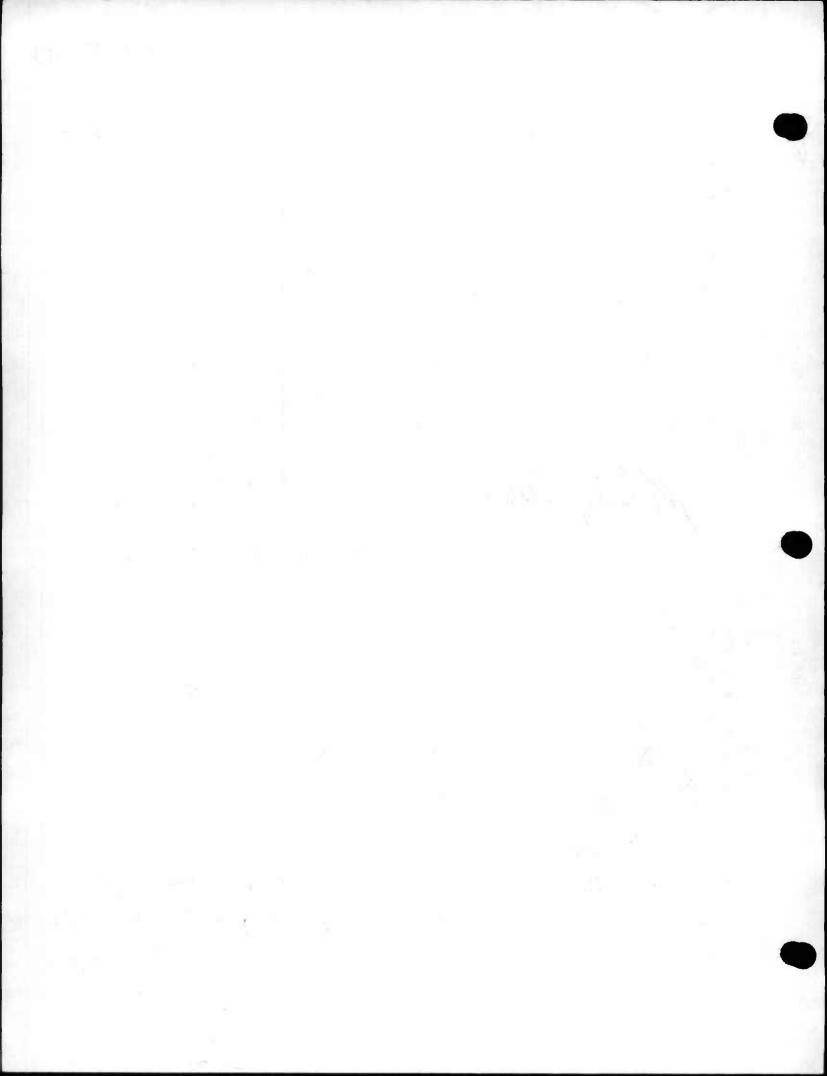
should		
is cerificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		
es 1,		
Pag.		
emit		
nsit p		
al-tra		
buri		
as th		
nse.		
ed for		
etach		nce.
be d		at o
hould		ffled
e 5 s		st be notified at onc
и, рас		st b
lirecto		E
eral o		mine
he fun	76	exa
助中	моше	dicai
led in	0,	H
ely fil	nation	l, the
mplet	Cred	even
ind co	pring	atic
cian a	ior to	mane
physi	ne pr	her t
nding	Hygie	or other
e atte	lemal	uny,
by th	and N	y in
paudi	ealth	2 30
een s	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
has b	Dept.	23
Scate	State	Hem
certi	h the	d, or
er this	th wit	arke
3: After	e dea	IS II
LECTO	Is afte	п 28
AL DIR	2 hou	f item
INERA	thin 7.	NT
HE FIL	ed wi	DRITA
TO T	be fil	IMP

		TO BE COMPLETED BY FUNERAL DIRECTOR
in facility of the facility of the facility		AL CERTIFICATION
CHICAGO IN THE TOTAL OF THE		TO BE COMPLETED BY PHYSICIAN: MEDICA
	1	9

11 1	FOR	7 - 11 - 6	5/25/		ATE OF
##	ner	H'	5/29/	90	kam

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	ŋ			2. DATE OF DEATH		3. TIME OF DEATH
Chae Ch	EA HO YI			May 22. 199	() YEAR	6:00 A M
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTH	HPLACE (State or Foreign
253-29-8323	1 [XM 2 ] F	37 YRS. M	ONTHS DAYS HOURS MIN.	May 9, 195	3 Count	orea
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF I		c. COUNTY OF D	
		100		, S. I.	L COUNTY OF D	EATH
1525 Ridgely St			Baltimroe			
10a, STATE 10b, COUN		10c. CITY.	TOWH OR LOCATION			104 INSIDE CITY
Maryland			ltimore			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		ba				1 X YES 2 NO
			101. ZIP CODE			WHAT COUNTRY?
1525 Ridgely St			212	30	USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes or	No- 14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 X Married	IF YES, GIVE WAR OR		II yes, specify Cuban, Maxid	elly:	Spec	effv:
3 Widowed 4 Divorced						Korean
15. DECEDENT'S EL (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	retired.)			
12		Owner		Resta	urant	
17. FATHER'S NAME (First, Middle, Last)	<del></del>		18. MOTHER'S N	IAME (First, Middle, Maiden Suri		
Chang Bong Yi			Ok H	i Ho		
19s. INFORMANT'S NAME (Type/Print)		10h MAII INC A	DDRESS (Street and Number or Rura		tate 7in Code!	
ye suk so						
			Ridgely St., B			
20s. METHOD OF DISPOSITION 1 Greenation 3 CYRs	emoval from Stata	other place)	ION (Name of cemetery, crematory of		ION — City or To	
4 Donation 5 Other (Specify)		Nassau K	nolls Cemetery		Washin	igton. Ny
21. SIGMATURE OF YUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF I		241 1121	IF 7110
DA 1911	101.0		ROBERT C. AL			,
1. Mari	1 mine		6009 Harford	Rd. Baltim	ore. MD	21214
23. FART I. Enter the diseases, or abook, or heart felture	r complications that cause on	ad the deeth. Do not	t enter the mode of dying, au	ich ea cerdiec or reapirate	ory arreet,	Approximate Interval Between
IMMEDIATE CAUSE (Final						Onset and Death
disease or condition resulting in deeth)	Sarco	ma -	progression	n of the d	1500-0	,
readiting in deetily	DUE TO (OR AS	A CONSEQUENCE OF):	1	0		
Sequentially ilst conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
cause. Enter UNDERLYING						
CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				
resulting in death) LAST						
	_ G	-				
PART il. Other algnificant conditi	ona contributing to death	but not reaulting in	the underlying cause given i			b. WERE AUTOPSY FINDINGS
				PERFORME	7	AMILABLE PRIOR TO COMPLETION OF CAUSE
				—   '   'ES 2X	NO	OF DEATH?
						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (	Check only one)		
1 TES 2 NO	1   Inpatient 2   ER/Ou			8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			28d, DESCRIBE HOW INJU	JRY OCCURED	
Natural 5 Pending	23.43	Madr	M 1 YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not t	28a. PLACE OF INJUI	RY — At home, farm, str	eet, fectory, office	28f. LOCATION (Street and	Number or Rural	Route Number,
4 Homicide determined		несту)		City or Town, State)		
29a. CERTIFIER		Contractor Posts	K N CO			
(Check only			at the time, data and place, and d			
2 MEDICAL EXAM	NER: On the basis of exeminat	ion and/or investigation,	In my opinion, death occured at 1	he time, date and place, end d	ua to the cause(	s) and manner as stated.
29b. SIGNATURE AND TITLE OF CURTIF			29c. LICENSE N		9d. DATE SIGNE	D (Month, Day, Year)
CRUM	physica	·~	D3	8485	5/2	2/90
			Div.			110
30. NAME AND ADDRESS OF PERSON 1	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type P	rint)			
Chocoa R Kim	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, P	rint)	100 P-04	44.60	14D 3 12 DE
Choong R. Kin	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, F	oncology (es	nter, Balti.	nore,	no 21205
Choong R. Kin, 31. DATE FILED Month, Day, Year)  MAY 23 1990	MHO COMPLETED CAUSE OF C	ons Hopkins	Oncology Cer	nter, Balti	more, i	mp 21205



13146,	TAIL OB ATTENDING BUNCINIAN. The law requires that the death certificate he executed within
×	2
0. 80	certificate
ď.	death
S	ha
2	that
RECO	radilirae
_	384
Z	The
5	NAM.
OF	DUVCI
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENIOIAIC
0	90
	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)	OLITIFICATE OF			2. DATE OF DEATH 3. TIME OF DEATH					
Alice THERESA	A BUTZE			MONTH DAY				EAR O	6 AM
	s. SEX 6. AGE (In y		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				CE (State or Foreign
220-03-63541	`	以 YRS. MON	THS DAYS	HOURS MIN.	(Month, E	b G - c		Country)	Md.
9a. FACILITY NAME (If not institution, give stree				R LOCATION OF DE			9c. COUNTY	OF DEATH	1
AIBERTY MEMICAL CENTER BALTIMORE									
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY									
Md. Baltimor					re Limits?				
					1. ZIP CODE 10g. CITIZEN (				COUNTRY?
136 N. Monasta	21229 U.S.A.					Α.			
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT EVER IN U.S. ARMED  14. WAS DECEDENT EVER IN U.S. ARMED  15. WAS DECEDENT EVER IN U.S. ARMED  16. WAS DECEDENT EVER IN U.S. ARMED  17. WAS DECEDENT EVER IN U.S. ARMED  18. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S				CENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE —				RACE - / Black, Wh	American Indian,
1   VES   Never Married     Married   FORCES? 1   TES 2   SNO   If yes, app   1   YES   3   Widowed 4   Diverced   1   YES					esky Cuben, Mexican, Puerto Rican, etc.)  Black, Whita, etc.  Specify:  Specify:				
Black									
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  ### Do NOT use retired.)				ON 16b. KIND OF BUSINESS/INDUSTRY					
Elementary/Secondary (0-12)	perator   Md. Gen. Hospital								
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Meiden Surname)					
Joseph Butler				Alice Butler					
				and Number or Rural Route Number, City or Town, State, Zip Code)					
Joyce McClurkin 136 Monastery Ave. Balto., Md. 21229									
20a. METHOD OF DISPOSITION  170 Burlai 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State other place)									
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
James A, Morton & Sons									
James a. Md. 21217									
23. PART I. Enter the diseases, or cor shock, or heart failure. Lis			enter the mo	de of dying, suc	h ae cardia	c or respin	atory erreel	,	Approximate interval Between
IMMEDIATE CAUSE (Final									
discess or condition - uROSEP & with DEHYDRATION									
disease or condition resulting in death)  • UROSEPH'S WITH DEHYDRATION  • DETO FOR AS A CONSEQUENCE OF:  ARTERIOSCLEROTIC HEART 15'SEASE									
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  B. ARTER 1036 LEROTTO TRAFF 100 SEASE  DUE TO (OR AS A CONSEQUENCE-OF):  HYPERTEN 100 OP 1									
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
resulting in death) LAST									1
- a.									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I,  PERFORMED?  24a. WAS AN AUTOPSY PERFORMED?  AMILIABLE PRIOR TO								ILABLE PRIOR TO	
DIABRTES MELLITUS				1 TES 2			NO COMPLETION DF CAUSE DF DEATH?		
								YES 2 NO	
HX CEREIBRO-VASCHIAR MISEASE									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. VER 2 SE NO. OTHER:  OTHER:									
1 VES 2 NO 1 Manner of Death 28s. Date Of Injury 28b. TIME OF 28c. Injury AT 28d. DESCRIBE HOW Injury OCCURED									
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	PRK? YES 2 NO					
2 Accident investigation 28e, PLACE OF INJURY — At home, farm, street, factory of				28f. LOCATION (Street and Number or Rural Route Number,					
4 Homicide determined	City or Town, State)								
29a. CERTIFIER  (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as steted.									
(Check only one)  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
29b. SIGNATURE AND TITLE OF CENTURIES 29d. DATE SIGNED (Month, Day, Year)								onth, Day, Year)	
201									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) LIBERTY MEDICAL WENTER,									
SUDHIR D. PATEL: 3100 LIGHT RD. BALTO MD. 21215									
31. DATE WEAVENING 14 14990 JOINES CONTINUES									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$7 fours after death. Page 6 may be retained by the instance of the physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	5	STATE OF MAR			MENT OF H	EALTH AND N	MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First	Middle, 🚣 gst)				AIL OI	DEATH	2. DATE O	F DEATH		YEAR 3. TIME OF DEATH
		na D. E	urck				Ma	y 23,		405120A
4. SOCIAL SECURITY NUME			GE (in yrs. la	MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		BIRTHPLACE (State or Foreign Country)
217-05-250	J also	M 2 F	78	YRS.	CITY TOWAL	OR LOCATION OF DE		-29-1		Maryland TY OF DEATH
			07 0		,	ltimore	AID		SC. COON	TY OF DEATH
Francis Some	CEDENT	A Mearc	ar c							
10e. STATE	10b. COUNTY			10c. CITY, T	D - 7 -					10d. INSIDE CITY LIMITS?
Md.						imore			10a CITIZ	1 YES 2 □ NO EN OF WHAT COUNTRY?
3508 C	ascade	AVe.				21206				S.A.
11. MARITAL STATUS		WAS DECEDENT EV	ER IN U.S. AI	MED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN?	(Specify Yee		14. RACE — American Indien, Black, White, atc.
1 Never Merried 2 3 Never Merried 2 1 Never Merried 2 Neve		FORCES? 1 1		NO	1 TYES	ecify Cuban, Mexicar 2. NO Specify.	n, Puerto Ric	cen, atc.)		Specify: White
42	EDENT'S EDUCATI	ON	16a. D	ECEDENT'S US	UAL OCCUPATION	na -	18h I	KIND OF BUS	INESS/INDI	
	y highest grade com		(0	live kind of work Do NOT use n	done during mo	ast of working	100.1		integorine c	
12th				Homem	aker			Но	me	
17. FATHER'S NAME (First, A						18. MOTHER'S NAM	ME (First, Mi	iddie, Maiden S	Sumame)	
	as Gosr	nell				Anı				
19a. INFORMANT'S NAME (		olra	15			and Number or Rural R				
Mrs. Susai		oke	20b. PLACE			ade Ave	. ва			ALAUO
1√2 Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		from State	other p	lace)		Cemeter	ζ,			timore. Md
21. SIGNATURE OF FUNERA	L SERVICE LICENS	SEE		1 641 1)	22. NAME A	ND ADDRESS OF FAC	CILITY			
- Harle	in the	ar			Ha	rtley M:	ille	r Fur	nera.	L Home
23. PART I. Enter the d		plications that ca								
IMMEDIATE CAUSE (FI	nel			^						Onset and Desti
disease or condition	<b>→</b> s	Cardo, DUE TO (OR  CONSES  DUE TO (OR	سار	/th.	est					
		CONCE	true	Harcot	Fil.	15.0				
Sequentially list condit if any, isading to imme	tions,	DUE TO (OR	AS A CONSE	OUENCE OF):	anti					
cause. Enter UNDERLY CAUSE (Disease or Inju	ING C.	Cardion DUE TO (OR.	1009	tin/						
that initiated events resulting in death) LAS		DUE TO (OR.	KS A CONSE	OUENCE/OF):						
	d									
PART II. Other signification	ant conditions c	ontributing to dee	th but not	reculting in	tha undarlyin	g ceuse given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Denal	lassoff cre	ney					_	1 - YES 2	NO	COMPLETION OF CAUSE OF DEATH?
		1					_			1 TES 2 NO
25. WAS CASE REFERRED T					24 8	LACE OF DEATH (Che	tt			1
	TO MEDICAL				20. P	LACE OF DEATH (CH	ouk only one	")		
EXAMINER?		OSPITAL:	Outpotient		THER:	an E - Sanidaman	e 🗆 Other	(Const.)		
EXAMINER?		Inpetient 2 - ER	JRY	3 DOA 4	Nursing Hor	JURY AT		(Specify)	JURY OCC	URED
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Natural 5		Inpatient 2 - ER	JRY	3 DOA 4	Nursing Hor				JURY OCC	URED
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Accident  3 Suicide 8	Pending investigation Could not be	Inpetient 2 - ER	JRY Dar) JURY — At h	28b. TIME (	Nursing Horn  OF 28c. IN.  Y W	JURY AT DRK? YES 2 NO	28d. DESC 28f. LOCA	CRIBE HOW IP		URED  or Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  A Natural 5    A Accident  3   Suicide 8    4   Homicide	Pending investigation	28e. DATE OF INJU (Month, Day, N	JRY Dar) JURY — At h	28b. TIME (	Nursing Horn  OF 28c. IN.  Y W	JURY AT DRK? YES 2 NO	28d. DESC 28f. LOCA	TION (Street a		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5   Accident 3   Suicide 6   Homicide  29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	28e. DATE OF INJU (Month, Dey. No. 28e. PLACE OF INDUINDING, etc.)	JRY — At h (Specify)	3 DOA 4 28b. TIME ( INJUR ome, farm, etra	Nursing Honor PF 28c. IN. Y M 1 pet, factory, office at the time, date	JURY AT DRK? YES 2 NO	28d. DESC 28f. LOCA City of	TION (Street a r Town, State)	nd Number	or Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5	Pending Investigation Could not be determined TIFYING PHYSICIAL	28e. DATE OF INJU (Month, Dey. No. 28e. PLACE OF INDUINDING, etc.)	JRY — At h (Specify)	3 DOA 4 28b. TIME ( INJUR ome, farm, etra	Nursing Honor PF 28c. IN. Y M 1 pet, factory, office at the time, date	JURY AT JRK? YES 2 NO te	28f. LOCA City or	TION (Street a r Town, State)	nd Number	or Rural Route Number, ad. a ceuse(e) end manner ee stated.
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5	Pending Investigation Could not be determined TIFYING PHYSICIAL DICAL EXAMINER: C	28e. DATE OF INJI (Month, Day, W 28e. PLACE OF IN building, etc.  N: To the best of my on the besie of axame	JRY — At h (Specify)	3 DOA 4 28b. TIME ( INJUR ome, farm, etra	Nursing Honor PF 28c. IN. Y M 1 pet, factory, office at the time, date	JURY AT DRK? YES 2 NO	28f. LOCA City or	TION (Street a r Town, State)	nd Number oner as state of dua to the	or Rural Route Number,  od.  o ceuse(e) end manner ee stated.  SIGNED (Month, Day, Year)
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5	Pending Investigation Could not be determined TIFYING PHYSICIAL EXAMINER: C	28e. DATE OF INJU (Month, Dey. No. 28e. PLACE OF INDUINDING, etc.)	JRY Der) JURY — At h (Specify) knowledge, d	28b. TIME (INJUR ome, farm, stre leath occurred	Nursing Hon  Nursing Hon  PF 28c. IN  W  H  1   oet, factory, office  at the time, date  In my opinion,	JURY AT JRK? YES 2 NO te	28f. LOCA City or	TION (Street a r Town, State)	nd Number oner as state of dua to the	or Rural Route Number, ad. a ceuse(e) end manner ee stated.

32. REGISTRAR'S SIGNATURE

100

e 5

14092

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	CE	RTIFICAT	E OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)			1 -	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
JAMES	BRI	UNSON 🚤	R		90	4:07A M
29-50-0504 1	M 2 F 6. AGE (In yrs. last	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-2-5	Cour	N.C.
9a. FACILITY NAME (If not institution, give street a THE JOHNS HOPKI			y, town or location of d BALTIMORE	DEATH	BALTIMO	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c-CITY, TOWN				10d. INSIDE CITY
10a. STREET AND NUMBER		BADTI	MORE 101, ZIP CODE		10- OTITEN OF	1 YES 2 NO
524 Kosehill	YORRACE WAS DECEDENT A U.S. ARM	ten (10	WAS DECEMBENT OF HISPA	AND ORIGINA TO III V	USA	CE — American Indian.
1 News Married 2 Married	FORCES? YES 2 NO	0	If yes, specify cuben, Maxic  1 YES 2 NO Spec	en, Puerto Rican, etc.)	Bla Spe	ck, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	nleted) (Giv	EDENT'S USUAL of kind of work done Do NOT use retired.	during most of working	18b, KIND OF BUS	BINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	318/11/42	1	18. MOTHER'S N	AME (First, Middle, Malden	Sumame)	
19a, INFORMANT'S NAME (Typogrant)  AMES SUR	11. SR. 196.	MAILING ADDRES	SS (Street and Number or Rura	I Route Number, City or Tow R. Ballo. 1	n, State, Zip Code)	28
20a. METHOD OF DISPOSITION 1 DI Burial 2		DE DISPOSITION (A	Jame of cometery, crematory or	RAN QU	CATION - CHY OF	Town, State (3 M.).
UNIVELLE	"Dead"	22	Redd Funer	A Selvice	1721 N.	Movere St.
23. PART i. Entar the diseases, or com	olications that caused the des	eth. Do not anta	er the mode of dying, su	ch as cardiac or resp	ratory arrest,	Approximats Interval Between
IMMEDIATE CAUSE (Finel			/			Onset and Death
disease or condition reaulting in death)	(Ardiogo	evic S	Shock /	Sepsis		ZdAns
						2
Sequentially list conditions, b	DUE TO (OR AS A CONSEO	UENCE OF):	diongopath.	1		2 mos.
if any, leading to immediate cause. Enter UNDERLYING	Alcoholic			,		2 915
CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A CONSEO	UENCE OF).				
reaulting in deeth) LAST						
PART II. Other significant conditions co	ontributing to deeth but not re	eaulting in the u	underlying ceuse given i	Pert i. 24a. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					,	1 WES 2 THO
25. WAS CASE REFERRED TO MEDICAL	A		26. PLACE OF DEATH (	Check only one)		
	OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 N	ER: ursing Home 5 🗆 Residence	e 6 🗆 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, street, fa	actory, office	281. LOCATION (Street City or Town, State	and Number or Run )	al Route Number,
anel only	I: To the best of my knowledge, den					e(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER		ED (Month, Day, Year)
Barid W.  30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF OEATH (ITER	M 27) (Type, Print)	29	814	> 5/	22/90
D. Allen. mo	John Hoking	Be	tetmae, ma	21205		
31. DATE FILED (MORIT), DBy, Y687) 5 / MAY ? 9.4 1000	John Holling  32. REGISTRAR'S SIGNATURE  Julia Davidson-H	andell				
mini na 1330	0					DHMH-18 Rev 1/8

TO THE FUNEFAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

No to off

\*

( <u>a</u> a

1 1

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

		Pages 1, 2, 3 should
BALLIMORE, MARYLAND 21203-3146	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	figer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should sath with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
	24 nours after death. P.	y filled in by the funeral tilon, or removal.
13146,	executed within	n and completely to burial, crema
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e death certificate be	is certificate has been signed by the attending physician and completely filled In by the fur ith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
AL RECORD	he law requires that the	e has been signed by e Dept. of Health and
ION OF VIT	NDING PHYSICIAN: T	3: After this certificate ir death with the State
DIVIS	TO THE HOSPITAL OR ATTER	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi

	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX / 6. AGE (in yrs. last bit		7. DATE OF BURTH	90 12 30 AM		
	4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2  F  8. AGE (in yrs. last bit)	rthday) IF UNDER 1 YEAR IF UNDER 24 HRS YRS. MONTHS DAYS HOURS MIN	Month, Day May	6. BIRTHPLACE (State or Foreign Country)		
İ	9e, FACILITY NAME (If not Institution, give street and number)	9b. CITY, TOWN OR LOCATION OF	DEATH 9c. COL	JNTY OF DEATH		
FCTOR	HEBREW HOME	ROCKVILL	E MO	NTGOMERY		
1 5	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  1	IOC. CITY, TOWN OR LOCATION		10d. INSIDE CITY		
DIR		ockville		1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6105 Montrose Road, Apt. 2206	101. ZIP CODE 20852	10g. Cr	U.S.A.		
	IE VEG ONE WAS DETER	If yes, specify Cuben, Mer	PANIC ORIGIN? (Specify Yes or No—lcan, Puerto Rican, stc.)	14. RACE — American Indien, Black, White, atc.		
FD BY		I was also a second				
H	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)	DENT'S USUAL OCCUPATION kind of work done during most of working NOT use retired.)	16b. KIND OF BUSINESS/IN	DUSTRY		
ā	Elementery/Secondary (0-12) College (1-4 or 5+) Dress	s Shop Owner	Clothing			
once.	17. FATNER'S NAME (First, Middle, Last)		NAME (First, Middle, Malden Surname)			
ed at	Max Cordover		nie Unknown			
TO T	II 19a. INFORMANT'S NAME (Woo/Print)	MAILING ADDRESS (Street and Number of Ru 5 Wickford Road, E	altimore, Md., 2	1210		
other traumatic event, the medical examiner must be notified at once.		DISPOSITION (Name of cometery, cremetory rael Cemetery		City or Town, State		
iner	21. SIGNATURE INERAL SERVICE LECENSEE	22. NAME AND ADDRESS OF	Funeral Homes			
ехаш	· (In patts		ngton St., Falls	Church, Va.		
dica	23. PART I. Ther the diseases, or complications that caused the daets	h. Do not enter the mode of dying,	uch ea cardiec or reapiratory a	rreat, Approximata		
E	IMMEDIATE CAUSE (Final	umor w/ possible l	annati a mata at a	Onset and Death		
it,	resulting in death)  DUE TO (OR AS A CONSEQUI	cumor w/ possible ]	repatic metasta	ses month		
2 2		ende or j.		į		
TIO LI	Sequentielly list conditions, if any, laading to immediate DUE TO (OR AS A CONSEQUE	ENCE OF):				
er tra	cause. Enter UNDERLYING CAUSE (Dissess or injury that inhibited words	ENCE OF				
or other traumatic	that initiated events resulting in death) LAST	ence or j.				
\$ C		uiting in the underlying cause given	in Part i. 24a, WAS AN AUTOPS	Y 24b, WERE AUTOPSY FINDINGS		
vs any Injury,			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
shows a				OF DEATH?		
23 sh						
ed, or item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF OEATN	(Check only one)			
10 X	1 ☐ YES 2 ( NO	DOA 4 Nursing Home 5 Residen	ce 6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY O	CCUREO		
-2	1 M Natural 5 Pending	INJURY WORK?  M 1 YES 2 NO				
C	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home building, etc. (Specify)	, ferm, street, factory, office	26f. LOCATION (Street end Numb City or Town, State)	per or Rural Route Number,		
m 28	4 Homicide determined		, , , , , , , , , , , , , , , , , , , ,			
2 5	29e. CERTIFIER	n occurred at the time, date end place, end	due to the cause(e) end manner as s	tated.		
ANT: It It	one) 2 MEDICAL EXAMINER: On the besie of examination end/or inv	estigation, in my opinion, death occured at	the time, date end place, end due to	the ceuse(e) and manner as stated.		
IMPORTANT: IL	296, SIGNATURE AND TITLE OF CERTIFIER	mo 290, LICENSE D 3	8392 29d. D.	ATE SIGNED (MI)(III), Day, Year)		
٦	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH(ITEM :	27) (Type, Print) 1D 6105 MO	NTROSE RT	ROCKIMIF		
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	0:00110	01,4000.8	1 TO TOTAL		
	MAY 24 1090 Juli Trieden Bondalle					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	¢
13146,	- Act . Ach . Ach.
O. BOX	A case of the case
т. С.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The state of the s
OF VITAL	The same of the same of
VISION	Contract of the last
0	1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept; of Health and Mentral Hygiene prior to burial, cremation, or removal,	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE	O THE	belif ed	MPOR

	FOR STATE REGISTRAR	STATE OF MARY			OF DEA		MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			TIME OF DEATH
1	Christina Lorra	ine Buschma	.n				Mar		22,199	O	4:05 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE	OF BIRTH , Day, Year)	8.		ACE (State or Foreign
	215-03-0509	1 M 2 X F 6	4 YRS.	MONTHS D	MAYS HOURS	MIN.		7-25		Md	
	9a. FACILITY NAME (If not institution, give str			96. CITY, TO	OWN OR LOCAT	ION OF DE			9c. COUNTY		н
DIRECTOR	St. Agnes Hosp	ital		Ва	altimo	ore !	City	7	N/A		
티	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c. CIT	Y, TOWN OR			•,			10	d. INSIDE CITY
E		7 + 4				en.					LIMITS?
	100. STREET AND NUMBER	ltimore	I C	a cons	10f, ZIP CO				10g. CITIZEN		T COUNTRY?
FUNERAL	FOLE Moundatele	D- 7-7-4	363		0.7	228			77 1,		
ž	5815 Merridale  11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		S DECENDENT	OF HISPAN			or No — 14.	RACE -	American Indian, hile, etc.
	1 Never Married 2 Married	FORCES? 1 YES			es, specify Cub YES 2 NO			Rican, atc.)		Specify:	hile, etc.
BY	3 Widowed 4 Divorced	N/A				N/	A			hit	e
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	Work done duri	UPATION ing most of work	ing	16b.	KIND OF BUS	SINESS/INDUS	TRY	
٦	Elementery/Secondary (0-12)	Cotlege (1-4 or 5 +)						( .			
M	17. FATHER'S NAME (First, Middle, Last)	N/A	Hous	ewife	-	THER'S NAI	ME (First &	N / A	Sumame)		
	Charles Ottis	Mi tan									
8	19a. INFORMANT'S NAME (Type/Print)	TILUS	19b. MAILING	G ADDRESS (S	Street and Number	er or Rural F	Poute Numb	per, City or Tow	n, State, Zip Co	23 (b)	
임	Joseph H. Busch	nman									28
	20s. METHOD OF DISPOSITION 5_25		581 b. PLACE OF DISPO	SITION (Name	of cemetery, cre	matory or		20c. LO	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	Avail from State	errison	Fore	est Ve	ts.	Ceme	terv	-Owin	gs I	Mills,Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA	ME AND ADDR	ESS OF FAC	CILITY	17 4			
	D Truman	Sahwah		27	51 Ba	LLTI	nore	Nat	lonal	Pi.	ke
	G. Truman  23. PART I. Enter the diseasee, pro	omplications that cause	d the death. Do	not enter th	e mode of d	ying, suci	h ee cerc	flec or respi	iratory arrest	t,	Approximete
	shock, or heart failure. I	The second secon		0 1	. 0						Interval Between Onset end Deeth
	disease or condition resulting in death)	. Chi	mic res	ul f	ailure						
	resuming in death)	DUE TO (OR AS	A CONSEQUENCE C	DF): /	h 11 3	ر - س	10.	15	,		
Z	Sequentielly liet conditions,	s. sex	A CONSEQUENCE CONSEQUENCE CO	40 1	DINGET	8) A	1021	1105	+		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	R TIPUSIO	OF):							
5	CAUSE (Diseese or injury	-	A CONSEQUENCE O		_						
Ē	that initiated events resulting in death) LAST										
E		l									+
AL	PART II. Other algnificant conditions			In the unde	erlying cause	given in	Part I.	24a. WAS AN PERFOI		AV	ERE AUTOPSY FINDINGS WALABLE PRIOR TO
8	COLOA/AMI A	14014 515	C 1120				_	1 TYES 2	NO 🗆 NO		OMPLETION OF CAUSE F DEATH?
Σ							_			1	YES 2 NO
ž											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	78 88 61 F. P. 193	OTHER:	26. PLACE OF						
14S	1 YES 2 NO	1 ☐ Inpatient 2 Ø ER/Ou  26a. DATE OF INJURY	· •		8c. INJURY AT	Realdence			INJURY OCCUP	RED	
	1 Natural 6 Pending	(Month, Day, Year)		JURY	WORK?	□ NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	RY — At home, ferm,	street, factor	y, office	_	28f. LOC	ATION (Street	and Number or	Rural Rout	te Number,
E	4 Homicide determined	building, etc. (Sp	ecity)				City	or Town, State,	)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, death occur	red at the time	e, date and plac	e, and due	to the car	use(a) and ma	nner as stated.		
M	[Orack off)	R: On the beals of examinat									nd manner as stated.
	296. SIGNATURE AND THE OF CERTIFIER	11/1			29c.:LI	CENSE NUI	WBER		29d, DATE S	GNED /M	unds. Day, Moar)
H	aller l.	Kechun 4	MD			151	33(	D	1 54	2451	122/90
2		O COMPLETED CAUSE OF E	PEATH (ITEM 27) (Typ	e, Print)		4.4		la c	1	1	- (
		HN 1 101	PINT	401649	s Ave.	BAUT	M	D SM	10201		
	31. DATE FILED WORLD Day, Year)	32. REGISTRAR'S SIG									
	mm  64 [44]	4 ha Davidson	Nanae								

and the

OHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

	10
	nours
	24
ò,	ecuted within 24 i
1314	executed
DIVISION OF VITAL RECORDS, P.O. BOX 13148,	law requires that the death certificate be execu
7.	death
ב ה ה	that the
KECO	v requires
4	18
<	The
OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Ia
ISION	ATTENDING
	OR O
_	HOSPITAL
	土
	2

L [		1. DECEDENT'S NAME (First,	Alicidio I anti								O DATE	OF OEATH		T.	. TIME OF DEATH
			Ruth	Holly			DUN	TO	N		MONT	H . D		YEAR	1032
		4. SOCIAL SECURITY NUMBER		5. SEX	# AOE //		-				MA		) 19	90	-
		217-12-3697		1 M 2 XF		s. last birthday) 67 YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont	of BIRTH	22	Country)	ACE (State or Foreign
목						67 YRS.						6 19			MD
3 should	~	9a. FACILITY NAME (If not in							OR LOCATI				9c. COUN	TY OF DEA	тн
2, 3	2	Peninsula G	eneral	l Hospita	1		S	alis	sbury	, MI	)		1	<b>Vicom</b>	ico
es T	DIRECTOR	10a, STATE	10b. COUNTY	Υ		10c. CI1	TY, TOWN O	R LOCA	TION					1	Dd. INSIDE CITY
23	뜽	MD	Woi	rcester			0cea	n C	itv						LIMITS?
im.		10e, STREET AND NUMBER						7	1. ZIP COO	E			10g. CITIZ		AT COUNTRY?
physician. burial-transit permit. Pages 1, 2,	FUNERAL	2821 Ploy	er Dr	ive. Unit	#32				2	1842				USA	
clan. Ftran	Ž	11, MARITAL STATUS	-	12. WAS DECEDEN	IT EVER IN U.S	S. ARMED	13, V	WAS DEC	CENDENT (	OF HISPAN	NIC ORIGI	N? (Specify Yea		14. RACE -	- American Indian,
physician burial-tra		1 Never Merried 2		FORCES? 1					ecify Cube			Rican, etc.)		Black, 1 Specify:	White White
as the	ВУ	3 Widowed 4 Divo	orced							эрээл,				орголу.	WILLE
attending ise as the	입		EDENT'S EDU		16:	a. DECEDENT'S				na	168	. KIND OF BU	SINESS/IND	USTRY	
al or att for use	9	Elementary/Secondary (6	3-12)	College (1-4 or 5	+)	life. Do NOT u	ise retired.)					**			
the hospit detached once.	M	10 yr:	S.			Hou	sewif	е				Home	maker		
	COMPLET	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
\$ 6 ≤	BE	San	nuel Do	oney							Is	abell	Witch	urch	
5 should notified	2	19a. INFORMANT'S NAME (										ber, City or Tow			
y be re page 5	-	Denise	-	ner		Rt.	1, 1	3ox	183,	Mar	dela	Sprin	ngs, N	1D 2	1837
death. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSIT 1 D Buriel 2 ☐ Crematic		ioval from State	20b. PL	ACE OF DISPO						20c. LO	CATION —		
Page 6 If director		4 Donation 5 Other				Su	inset							clin,	
death. Pag tuneral dir i. examiner		21. SIGNATURE OF YUNER	SERVICE LIC	CENSEE			22. 1	NAME A	ND ADDRE	SS OF FA	CILITY	Burba	ge Fu	neral	Home
death. e funera II.		11.3	ah /-	2 mbas								108 W Berli	illia n MD	ms St 218	211
ours after of in by the or removal.		23. PART I. Enter the d		complications /	at causad th		not antar	the mo	ode of dy	ing, suc	h aa car				Approximata
3 o d o		101		List only one	use on aach	line.			./	1					Interval Batween Onset and Deeth
y filled y filled trion, or the m		IMMEDIATE CAUSE (Fit disease or condition_	nel	CON	ndia	0011			1/2	-1					12/10/5
ecuted within 24 Indicated within 24 Indicated fille burial, cremation, affic event, the		resulting in death)		DUE TO	(OR AS A CÉ	MOEOUENCE C	oF): / /		V	1	<u> </u>				Can
and com o burial, o	-			Con	dia	11/10/	salt	161							-CMS
8 0 0 6	흔	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CO	NSEQUENCE	OF):	10							
yslciar prior trau	8	cause. Enter UNDERLYING CAUSE (Disease or Injury													
n certificate be nding physicia Hygiene prior or other trau	프	that initiated evente		DUE TO	(OR AS A CO	NSEQUENCE (	OF):								
th cendi	CERTIFICATION	resulting in deeth) LAST													
that the death the by the attenth th and Mental any Injury, o		PART II. Other eignifica	ent condition	ns contributing to	deeth but	not resulting	In the un	derivin	ng cause	alven in	Part I.	24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
T do	MEDICAL											MAILABLE PRIOR TO COMPLETION OF CAUSE			
quires that signed Health a												1 TYES	ON X 3		OF DEATH?
requires the signer of Health														'	☐ YES 2 ☐ NO
law as b ept.	AN	25. WAS CASE REFERRED 1	DO MEDICAL					00.0	PLACE OF I	PATH (C)					
PHYSICIAN: The law requiring certificate has been with the State Dept. of rived, or Item 23 sho	PHYSICIAN:	EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER	R:							
ICLAN ertific	¥	27. MANNER OF DEATH		1 23 Inpatient 2		28b. Til			me 5 □ R	asidence		er (Specify)	IN HIDY OCC	MIDED	
ING PHYS offer this c eath with marked,			Pending	(Month, I	Day, Year)		JURY	W	YES 2	∃ NO	200.00	SCHIBE HOW	INGONT CCC	ONED	
C # # 10	BY	. [7]	lesson addendation			At home form	street fact				281 1 0	CATION (Street	and Mumber	or Burni Bo	ute Number
Afte		2 Accident	Investigation	28s. PLACE (	OF INJURY										ato monnous,
TENDING TOR: After offer death	요		Could not be detarmined	28s. PLACE ( building	of INJURY — , atc. (Specify)	At nome, lann,	atroot, race	ory, om	ca			or Town, State		Or Horal Flor	
IRECTOR: After ours after deaf em 28 is m	요	3 Sulcide 8 Homicide	Could not be detarmined	building	, atc. (Specify)				- 4 V V	111	City	or Town, State	)		
OR ATTEND DIRECTOR: A hours after d	요	3 Suicide 8 Homicide 4 Homicide  29e. CERTIFIER (Check only	Could not be detarmined	building	t my knowleds	ge, death occur	red at the ti	me, dat	a and place		City	or Town, State	nner aa stat	ed.	
	요	3 Sulcide 8 29e. CERTIFIER (Check only one) 2 MED	Could not be determined	building	t my knowleds	ge, death occur	red at the ti	me, dat	a and place		City	or Town, State	nner as stat	ed. e cause(a)	and manner as stated.
HOSPITAL FUNERAL WITHIN 72 I	COMPLETED	3 Suicide 8 Homicide 4 Homicide  29e. CERTIFIER (Check only	Could not be determined	building	t my knowleds	ge, death occur	red at the ti	me, dat	a and placed		to the ca	or Town, State	nner as stat	ed. e cause(a)	and manner as stated.  Month, Day, Year)
To the Hospital or Attending To the Funeral Director: Affe be filed within 72 hours after deal IMPORTANT: If Item 28 is m	BE COMPLETED	3 Suicide 8 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE	Could not be determined TIFYING PHYS DICAL EXAMINE E OF CERTIFIE	building	t my knowleds	ge, death occur	red at the ti	me, dat	a and placed	red at the	to the ca	or Town, State	nner as stat	ed. e cause(a)	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	COMPLETED	3 Suicide 8 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE 29b. SIGNATURE AND TITLE 29b. SIGNATURE AND ADDRESS O	Could not be detarmined  TIFYING PHYS  DICAL EXAMINE  F PERSON WE	building  IICIAN: To the best of  ER: On the basis of of  ER:  HO COMPLETED CAL	t my knowleds examination er	ge, death occur ad/or investigat	red at the ti	ime, det	a and place death occu	ENSE NU	to the craft time, dat	or Town, State	nner as stat	ed. e cause(a)	
THE HOSPITAL THE FUNERAL Flied within 72 I	BE COMPLETED	3 Suicide 8 SOME CERTIFIER (Check only 2 MED 29b. SIGNATURE AND TITLE AND TI	Could not be detarmined  TIFYING PHYS  DICAL EXAMINE  FOR CERTIFIE  FOR PERSON WH  Merri	building DICIAN: To the best of the complete of the complete CAU  11, M.D.	t my knowleds examination er  USE OF DEATH 102	ge, death occur nd/or investigat i (ITEM 27) (Type	red at the ti	ime, det	a and place death occu	ENSE NU	to the craft time, dat	or Town, State	nner as stat	ed. e cause(a)	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	BE COMPLETED	3 Suicide 4 Homicide  29e. CERTIFIER (Check only) 2 MED  29b. SIGNATULE AND TITLE  30. NAME AND ADDRESS O  ROGET C.  31. OATE FILED (Month, Day,	Could not be detarmined  TIFYING PHYS  DICAL EXAMINE  FOR CERTIFIE  FOR PERSON WH  Merri	building DICIAN: To the best of the seal o	t my knowleds examination er  USE OF DEATH 102	ge, death occur nd/or investigat i (ITEM 27) (Type	red at the ti	ime, det	a and place death occu	ENSE NU	to the craft time, dat	or Town, State	nner as stat	ed. e cause(a)	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	BE COMPLETED	3 Suicide 8 SOME CERTIFIER (Check only 2 MED 29b. SIGNATURE AND TITLE AND TI	Could not be detarmined  TIFYING PHYS  DICAL EXAMINE  FOR CERTIFIE  FOR PERSON WH  Merri	building  BICIAN: To the best of the basis o	t my knowleds examination er  USE OF DEATH 102	ge, death occur nd/or investigat i (ITEM 27) (Type	red at the ti	ime, det	a and place death occu	ENSE NU	to the craft time, dat	or Town, State	nner as stat	ed. e cause(a)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

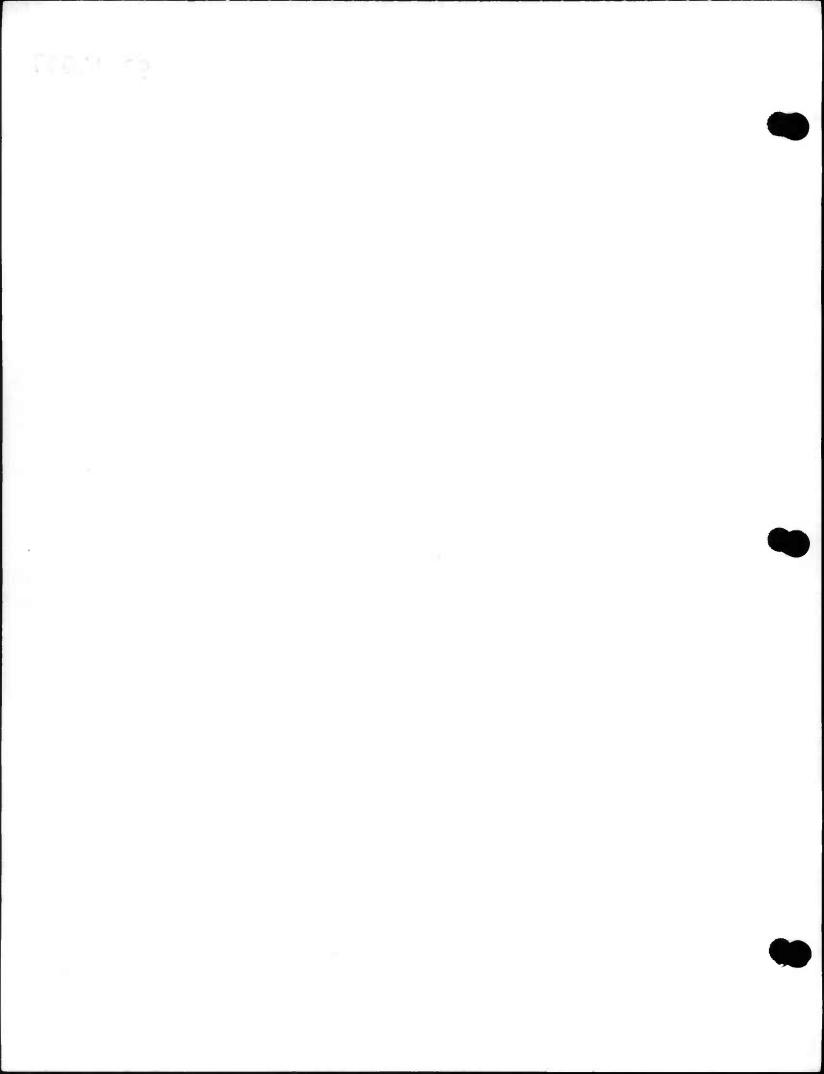
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

William  Fuell  4. SOCIAL SECURITY NUMBER 230-16-9360  MIX M 2   F	MD.  Ind. Inside city Limits?  I A YES 2 NO HAT COUNTRY?  American Indian, White, atc.  BLACK  A. 19090
William  4. SOCIAL SECURITY NUMBER 230-16-9360  **XX**M*2	PLACE (State or Foreign MD.  ATN  10d. INSIDE CITY LIMITS? 1 K YES 2 \( \) NO  HAT COUNTRY?
4. SOCIAL SECURITY NUMBER 230-16-9360  WX M 2	PLACE (State or Foreign  MD.  SATN  10d. INSIDE CITY LIMITS? 1 X YES 2 NO HAT COUNTRY?
Se. FACILITY NAME (If not Institution, give street and number)  11 W. 20th Street  11 W. 20th Street  10 STATE  10 STATE  10 STREET 10 LOUNTY  10 STATE  10	MD.  Ind. Inside City Limits?  I A Yes 2 No HAT COUNTRY?  American Indian, White, atc.  BLACK  A. 19090
The state   Baltimore City   State   Baltimore City   State	10d. INSIDE CITY LIMITS? 1 X YES 2 NO HAT COUNTRY?  — American Indian, White, atc.  Y B L A C K  A . 19090
10e. STREET AND NUMBER  10f. ZIP CODE  11 W . 20th ST . APT 17-0  11. MARITAL STATUS 1 Never Married 2/L/Married 3 PCRCES? 1 PVES 2 NO IF VES, GIVE WAR OR DATES  11. MARITAL STATUS 1 Never Married 2/L/Married 3 PCRCES? 1 PVES 2 NO IF VES, GIVE WAR OR DATES  12. WINS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No-If Yes, apocity Cuban, Marican, Puartio Ricen, stc.) 1 PVES 2/L/NO Specify:  15e. DECEDENT'S EDUCATION (Give lind of work done during most of working life. Do NOT use retired.)  17e. FATHER'S NAME (First, Middle, Last)  WILL FUELL  19e. MARING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARY FUELL  19e. MAILING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARY FUELL  19e. MAILING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARY FUELL  19e. MAILING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARCH F. H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	LIMITS?  1 X YES 2 NO  HAT COUNTRY?  — American Indian, , Whita, etc.  Y B L A C K  A . 19090
10e. STREET AND NUMBER  10f. ZIP CODE  11 W . 20th ST . APT 17-0  11. MARITAL STATUS 1 Never Married 2/L/Married 3 PCRCES? 1 PVES 2 NO IF VES, GIVE WAR OR DATES  11. MARITAL STATUS 1 Never Married 2/L/Married 3 PCRCES? 1 PVES 2 NO IF VES, GIVE WAR OR DATES  12. WINS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No-If Yes, apocity Cuban, Marican, Puartio Ricen, stc.) 1 PVES 2/L/NO Specify:  15e. DECEDENT'S EDUCATION (Give lind of work done during most of working life. Do NOT use retired.)  17e. FATHER'S NAME (First, Middle, Last)  WILL FUELL  19e. MARING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARY FUELL  19e. MAILING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARY FUELL  19e. MAILING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARY FUELL  19e. MAILING ACCRESS (Street and Number or Rural Route Number, City or Rown, Stella, Zip Code) 18e. MARCH F. H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	LIMITS?  1 X YES 2 NO  HAT COUNTRY?  — American Indian, , Whita, etc.  Y B L A C K  A . 19090
3   Widowed 4   Divorced   IF YES, GIVE WAR OR DATES   1   YES 2/D/NO   Specify: Spe	A. 19090
3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY (Glive kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  WILL FUELL  19a. INFORMANT'S NAME (Type/Print)  SELENA PICKLE  19a. METNOD OF DISPOSITION 1 (X Burtlet 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or CATONS VILL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. Liat only one cause on each line.	A. 19090
15. DECEDENT'S EDUCATION (Specify only highest grade completed))  16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed))  16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed))  16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed))  17. FATHER'S NAME (First, Middle, Last)  WILL FUELL  18. MOTNER'S NAME (First, Middle, Maiden Surname)  MARY FUELL  19a. INFORMANT'S NAME (Type/Print)  SELENA PICKLE  19b. MAILING AGORESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  1 X3 7 WILLOW AVE. / WILLOWGROVE, PA  20a. METNOD OF DISPOSITION 1 X8 Burlet 2 Ceremation 3 Removal from State 4 Donardion 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or CATONS VILL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. Liat only one cause on each line.	A . 19090
POPULE  19a. INFORMANT'S NAME (Type/Print)  19a. INFORMANT'S NAME (Type/Print)  SELENA PICKLE  19b. MAILING AGORESS (Street and Number or Parall Route Number, City or Town, Stefe, Zip Code)  1837 WILLOW AVE./WILLOWGROVE, PA  20a. METNOD OF DISPOSITION 1 [X Burled 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   VILL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	wn, Stala
WILL FUELL  198. INFORMANT'S NAME (Type/Print)  SELENA PICKLE  199. MAILING AOORESS (Street and Number or Furrel Route Number, City or Town, State, Zip Code)  SELENA PICKLE  1837 WILLOW AVE. / WILLOWGROVE, PA  200. PLACE OF DISPOSITION (Name of cometery, crematory or CATONS VILL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	wn, Stala
POPULE  19a. INFORMANT'S NAME (Type/Print)  19a. INFORMANT'S NAME (Type/Print)  SELENA PICKLE  19b. MAILING AGORESS (Street and Number or Parall Route Number, City or Town, Stefe, Zip Code)  1837 WILLOW AVE./WILLOWGROVE, PA  20a. METNOD OF DISPOSITION 1 [X Burled 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   VILL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	wn, Stala
SELENA PICKLE  1837 WILLOW AVE. / WILLOWGROVE, PA  20a. METNOD OF DISPOSITION 1 X Burlei 2 Corneltion 3 Gramoval from Stata 4 Donastion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. Liat only one cause on each line.	wn, Stala
20a. METNOD OF DISPOSITION  10. METNOD OF DISPOSITION  11. Surface 2 Cremetion 3 Removal from State  12. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE OF DISPOSITION (Name of cometory, crematory or CATONSVILL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	wn, Stala
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	
WM.C.MARCH F.H. 1101 E. NOR  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	
ahock, or heart fallure. List only one cause on each line.	RTH AVE.
	Approximata
disease or condition resulting in death)  Congestive heart failure	Onset and Death
resulting in death)  a. COTIGES LEVE TREAT C TATTULE  DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, b. Due to one as a consequence of	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  1  YES 2 XXX	
CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
resulting in death) LAST	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?	WERE AUTOPSY FINDINGS
1 YES 2 XNO	COMPLETION OF CAUSE OF DEATH?
INSPECTION INSPECTION	1 TYES 2XXNO
ž	
28. WAS CASE REFERRED TO MEDICAL  28. PLACE OF DEATH (Check only one)  4. PLACE OF DEATH (Check only one)  THER:  OTHER:  OTHE	
To the first section of the fi	
(Month, Day, Year) INJURY WORK?  M 1 VES 2 NO	
	Route Number,
29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	
3 Suicide 6 Could not be datarmined building, etc. (Specify)  29a. CERTIFIER   Check can   1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.    Check can   1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	i) and menner as stated.
296. SIGNATURE AND TITLE OF CONTINES 29d. DATE SIGNED (	
III AND STATE AND ADDRESS THE DEDOCKS WHAT COMES STEEL CALLED OF DESTRUCTION OF THE CO. CO.	1990
Julia C. Goodin, MD 111 Penn Street, Baltimore, MD 21201	

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI	MENT OF H	EALTH AND I	MENTAI	HYGIENE REG. NO.		
1. DECEOENT'S NAME (First, Middle, Last,	)				2. DATE	OF DEATH		3. TIME OF DEATH
<i>MARGARET</i> R	EBECCA	FR	AZIER		монти 5	2.7	90	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.	7. DATE (Month	OF BIRTH	8. BIR Cou	THPLACE (State or Foreign intry)
220-30-0865	1 □ M 3 □ F 69	YRS.	UNITES DATS	HOURS MIN.	9-	, Day, Year) 12-20		N.C.
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	1	c. COUNTY OF	OEATH
2310 EAST HOFFM	AN_STREET		BALTIN	ORE CITY	7			
10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
MD.		BAL	TIMORE	, MD.				1 X YES 2 NO
10a. STREET AND NUMBER			101	ZIP CODE		1	0g. CITIZEN OF	F WHAT COUNTRY?
2310 E. HOFFM	IAN ST.			21213			Į	JSA
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U	J.S. ARMED		ENDENT OF HISPAN			No- 14. RA	ACE American Indian, ack, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 - YES	2/NO Specify	<i>/</i> -		Sp	BLACK
15, DECEDENT'S ED	UCATION	6a. DECEDENT'S US	J SUAL OCCUPATION	DN .	16b	KIND OF BUSIN	ESS/INOUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	de completed)  College (1-4 or 5+)	(Give kind of wor life. Do NOT use	k done during mo	st of working				
11th GRADE		DOMES	TIC					
17. FATHER'S NAME (First, Middle, Last) WILLIAM HAMM	OND	7777 -232		18. MOTHER'S NA REB	ME (First, I	Middle, Malden Su	mame)	
WILLIAM HAMM	IOND			KEB	EUUF	BAKI	<u> </u>	
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I				
WILLIE FRAZI		2310			ST.			E, MD.21213
20a. METHOD OF DISPOSITION  Or Burlal 2 Cremation 3 Re	moval from State	PLACE OF DISPOSIT Offer Place) RBUTUS	ION (Name of cer	netery, crematory or	V		TION — City or	
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		K B U I U S		D ADDRESS OF FA		AKB	JTUS,	21202
1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Pladie	, Warre	<u>ر</u>	WM.C.	MARCH F	7. H.	1101 E.	NORTH	AVENUE
23. PART I. Enter the diseases, or shock, or heart felium	r complications that caused to. List only one cause on acc		t enter the mo	de of dying, auc	h aa can	diec or reapira	tory errest,	Approximata interval Between
iMMEDIATE CAUSE (Final	0.	. 4	> 1					Onset and Death
diseess or condition resulting in death)	O. DUE TO (OR AS A	ac J	aulu	R			_	
	DUE TO OR AS A	CONSEQUENCE OF):		•				
Sequentially ilet conditions,	b. OUE TO (OR AS A C	CONSEQUENCE OF:	ensk	A				<u> </u>
if sny, leading to immediate cause. Enter UNDERLYING		mmi- Arten .						!
CAUSE (Disease or injury that initiated events	OUE TO (OR AS A C	CONSEQUENCE OF):						
resulting in deeth) LAST	d							
PART il. Other significant conditi	ons contributing to death but	t not resulting in	the underlyin	n ceuse alven in	Part i	24a. WAS AN AI	ITOPSV	24b, WERE AUTOPSY FINDINGS
0 -	Ehalla	1	the discertyin	g couse given in		PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
- grata	C 3-CAT MUNICA	MEN				1 YES 2	NO	OF DEATH?
- C. A. L								1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26. PI	LACE OF DEATH (CA	neck only o	ne)		
EXAMINER?	HOSPITAL:		OTHER:	na 5 Rasidence				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, IN.	URY AT	1	SCRIBE HOW INJ	URY OCCURED	)
1 Natural 5 Pending	(Month, Day, Year)	INJU		PRK? YES 2 NO				
2 Accident investigation 3 Suicide 8 Could not b	28a PLACE OF INJURY -	- At home, farm, str	eet, factory, offic	a	281. LOC	CATION (Street en or Town, State)	d Number or Ru	ral Route Number,
4 Homicide datermined	, 222 (0000)				J. J.			
Check only	YSICIAN: To the best of my knowle	dge, death occurred	at the time, date	end place, end due	to the ca	use(a) end mann	or an stated.	
000)	NER: On the basis of examination	and/or investigation	, in my opinion, o	leath occured at the	ilme, det	and place, and	dua to the caus	se(a) end manner ea stated.
29b. SIGNATURE AND TITLE OF CERTIF	TER			29c. LICENSE NU	MBER		29d. DATE SIGN	NED (Month, Day, Year)
A 0000	2 celu			D121	031	+	D 57	23/91
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)	0	4 .	0	. 1	2 ID ALA
s'auc)	THUNGA	a M.D	. 80°	20 15e	lai	1/60	ad K	all 135976
31. DATE FILEO (Month, Dey, Year)	32. REGISTRAR'S SIGNA	TURE				11.	i	





4	8	₽ .	X
Z D	ter	Sal #	9
	50	E S	흥
	100	\$ 6	Ë
		elle o,	he
-	E	mat	3
ó	M	ope	5
4	per	8 1	9 3
3	Xect	Da and	100
ď	90	r to	틸
Š	te	ysici	t =
n	ifica	Phe ane	he
5	cert	を変	8
	Ę.	al H	ō
6	e	e al	5
20	the	the P	Ξ
Ē	that	d by	3
Ś	SS	igne eatt	10
Ĭ	ig.	S H	5
r	W TR	F 6	3 5
1	9	has	1 2
-	E	ate	ten
>	AN	rtific he S	5
L	Sic	60 th	ď,
0	F	E N	The same
Z	NG	the	E
2	8	R. A	- 69
מ	F	B te	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OB.	OUR S	E
	A	72	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-Mours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
	오	三葉	3
	뽀	里里	OR
	0	5 8	×
	-	,- 23	-

_		TIEGIOTIVIT
		1. OECEDENT'S NAME (First, Middle, Last)
	- 9	Allen
11		4. SOCIAL SECURITY NUMBER 5. S
211		147
○ B		213 32 6699 150 STORY NAME (If not institution, give street as
3 should	œ	
2,	0	Seton Nursing Ce
	E	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY
Page	E	Md.
permit. Pages 1,	FUNERAL DIRECTOR	10e. STREET AND NUMBER
ber 1	AA	IOE. STREET AND NOMBER
46 physician. burial-transit	Ę	111 Center
Sloia rial-tr	בָּ	11. MARITAL STATUS
4 P P P	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced
3-31 as the		- Cartain - Share ye
203 afte a	Ē	15. DECEDENT'S EDUCATION (Specify only highest grade complete)
212 Ba o	H	Elementary/Secondary (0-12) Col
O spirit	MP	
AND the hospit detached	Ö	17. FATHER'S NAME (First, Middle, Last)
ARYL, trained by the should be utilised at	BE COMPLETED	Robert T
Hed hould	8	19a. INFORMANT'S NAME (Type/Print)
MAA not	5	Elenora Burton
SALTIMORE, MARY retained in the funeral director, page 5 should al.		20s. METHOD OF DISPOSITION
G m etor, ctor,	. 1	1 Donation 5 Other (Specify)
Me die	5	21. SINNIURE OF FUNERAL SERVICE LICENSE
		Manger a.
BALTIMORE, MARYLAND 21203-3146 er death. Page 6 may be retained by the hospital or attending phys the tuneral director, page 5 should be detached for use as the burity.		100110
BALTIMORE, MARYLAND 21203-3146 uires that the death certificate be executed within 2x fours after death. Page 6 may be retained by the hospital or attending physician signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tra Health and Mental Hyglene prior to burial, cremation, or removal.  We any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Entar tha diseases, or comp ahock, or heart fallure. List of
Mount of In		IMMEDIATE CAUSE (Final
46, ed within 2-1 ompletely fille sil, cremation, event, the		disease or condition
within plete		reaulting in death) a
146 com rial, c	_	
D. BOX 131. ertificate be execute ing physician and or giene prior to buria	Ó	Sequentially flat conditions, b.
rain to the	A	If any, leading to immediata cause. Enter UNDERLYING
BC ficate physical per t	윤	CAUSE (Disease or Injury \$ c. —
ertifing sertifi	Ē	that initiated events resulting in death) LAST
P. Catho	<b>声</b>	d
CORDS, P.O. BOX 1314 uires that the death certificate be executed signed by the attending physician and con Health and Mental Hydrene prior to burial.	DICAL CERTIFICATION	PART II. Other significant conditions cor
CADOR that the the that the and lith and lith	5	
Signed Health	E	
	×	
L RE law requas been Dept. of 23 she	ä	
TTAL	SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?
VIT CIAN: artifical the Sta	Sig	1 - YES 2 15/NO 1-
rysici	ξ	27. MANNER OF DEATH
DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIRECTOR: After this certificate has been signed by the attending physician and comptions after death with the State Dept. of Health and Mental Hygiene prior to burial, or them 28 is marked, or item 23 shows any injury, or other traumatic ever	BY PHYSICIAN:	1 Natural 5 Pending
NOING IS After	8	2 Accident Investigation 3 Suicide 6 Could not be
TTEN TOR: after		4 Homicide detarmined
OR AT DIRECT PORTER PROUTS		290. CERTIFIER
AL D AL D	4P	(Check only
DIVISION OF VITAL RE HOSPITAL OR ATTENDING PHYSICIAN: The law req FUNERAL DIRECTOR: After this cerdificate has been within 72 hours after death with the State Dept. of TANT. If Hem 28 is marked, or Hem 23 sho	Ö	2 MEDICAL EXAMINER: On
DIVISION OF VITAL RE IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law red on the FUNERAL DIRECTOR: After this certificate has been he filed within 72 hours after death with the State Dept. of MPORTANT: If Hem 28 is marked, or item 23 sh	BE COMPLETED	296. SIGNATURE AND TITLE OF CENTURIER
THE THE THE THE THE THE THE THE THE THE	8	annie Tunzala
F F & <b>E</b>	2	30. NAME AND ADDRESS OF PERSON WHO COL

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	_	
1. OECEDENT'S NAME (First, Middle, Last)		Decembel de			2. DATE OF DEATH MONTH D. 5/22/90		3. TIME OF DEATH
Allen 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	Frankli (In yrs. lest birthday)	UNDER 1 YEAR	IF UHDER 24 HRS.	7. DATE OF BIRTH		
213 32 6699 9a. FACILITY NAME (if not institution, give	1-2 M 2 □ F 5	2 YRS. MON	ITHS DAYS	HOURS MIN.	2/26/38	9c. COUNTY C	Md .
Seton Nursing			Balto		AIN	SC. COUNTY C	n/a
10a. STATE 10b. COUNT	Υ	10c. CITY, TO	alto.	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?
111 Cent	er St.			21201		U.	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14, F	RACE — American Indian.
1 Never Married 2 Married	FORCES? 1 X YES			city Cuban, Maxica 2 XXO Specify	n, Puerto Ricen, etc.)		Black, White, etc.
3 Widowed 4 Divorced						I	šľack
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos		16b. KIND OF BU	SINESS/INDUSTF	NY .
		Social	Work	er	Dept.	of Sc	ocial Servi
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
Robert	т.	Franklin			y E. S		
190. INFORMANT'S NAME (Type/Print) Elenora Burt	ton	19b. MAILING ADD 670	1 Lone	d Number or Rural F	Rd. Balt	n, State, Zip Code	21207
20s. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ren	20 novel from State	b. PLACE OF DISPOSITIO	ON (Name of cem	etery, crematory or	20c. LO	CATION — City of	or Town, State
4 Donation 5 Other (Specify)	N	Metro Cre				: Bal	to., Md.
21. SIGNATURE OF FUNERAL SERVICE LI	1 1/22 /		22. NAME AN	ADDRESS OF FA	Morton 8	Sone	
1 xames	1-110te	N					, Md.21217
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A TULL) DUE TO (OR AS	Immune D A CONSEQUENCE OF):	eficience	Syndso	ie		Interval Between Onset and Death 3 415.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	с	A CONSEQUENCE OF):  A CONSEQUENCE OF):					
PART II. Other significant conditio	ns contributing to death	but not resulting in t	ha undarlying	causa given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	patient 3   DOA of	THEM:				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OI	F 28c, INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUPE	0
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spo	Y — At home, farm, stree			28f. LOCATION (Street City or Town, State)		ural Route Number,
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kno	wledge, death occurred at	t the Ilme, date	and place, and due	to the cause(a) and ma	nner as stated.	
one)	ER: On the basis of examinati						use(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	<b>48</b>			29c. LICENSE NUI	MBER	29d DATE SIG	INED (Month, Day, Year)
annie Tun	7 Dan In			1	-1/	<b>&gt;</b> 47	124/2
30. NAME AND AODRESS OF PERSON W	HO COMPLETED CAUSE OF D	2.3	nt)	1200-4	MD. 212	1	- 7 15/0
J. J. Un Zalan	5214	1 Harfind	VV.	xuelo.	114. 111	14	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NAIONE					

all.

. . .

100	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host

31. DATE FILED (Month, Day, Year)
MAY 24 1990

32 REGISTRARY AIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIFI					MENTA	L HYGIEN	E	20	19075
	1. DECEDENT'S NAME (First, Middle, Last)	. GALLUP		1					2. DATE	E OF DEATH	- 1	YEAR 3	10:45F w,
	216-09-6848	5. SEX 1 N 2 F	6. AGE (In yrs. las	et birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT.11,1912			MA)	ACE (State or Foreign
TOR	98. FACILITY NAME (II not institution, give stre SUMMIT NURSING RESIDENCE OF DECEMENT				SVIL		ATH			LTIMO			
DIRECTOR	10e. STATE 10b. COUNTY	IMORE		10c. CITY	r, TOWN C		IVSVI	LLE					Od. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL		AN RD.					ZIP CODI	28			1	U.S.A	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. AI	NO		f yes, sp		n, Mexicar	n, Puerto	N7 (Specify Yea Rican, etc.)	or No-	14. RACE - Black, Specify	- American Indian, White, etc. ITE
COMPLETED	1s. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		(0	ECEDENT'S live kind of w b. Do NOT us CALE	rork done ( e retired.)	during mo	ON st of workin	ng		WHOLES!			
									(urname)				
TO BE	190. INFORMANT'S NAME (Type/Print)  MARIF A. GALLUP			248 G					Route Nun	mber, City or Tow.		Code)	
	20a. METHOD OF DISPOSITION  1   Burlal 2   Cremation 3   Remo 4   Donation 5   Other (Specify)		LOUDON PARK CEMETERY							BALTIMORE, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICE  Stanley 7		uzur							BALT: HOME			. 21228 ERICK RD.
	23. PART I. Enter the diseases, or conshock, or heart fellure. L.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)		use on each lin	e.				2 2 2 2		ACCESS OF THE PARTY OF THE PART			Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CONSE	OUENCE OF	-):	lie	Ca	rch	v ra	as an	lon	Desi	24ks
	resulting in death) LAST  PART II. Other significant conditions		death had not		- 44	od sods dos		eluis la	Dort I	24e, WAS AN	ALITODAY	0.45	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Mar	etyste 2	inface	f D	in	ent	in	914011 111		PERFOR	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHE	R:	LACE OF E	ST ST ST I					-
	1 YES 2 ANO  27. MANNER OF DEATH  1 Antural 5 Pending	28s. DATE O	ER/Outpatient FINJURY Day, Year)	28b, TIM	-	28c. IN.	JURY AT			Other (Specify)  1. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY At h	ome, farm,	street, fac	M 1 YES 2 NO set, factory, office 28f. LOC City				OCATION (Street and Number or Rural Route Number, ity or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE												and manner as stated.
O BE CO	29b. SIGNATURE AND TOTAL OF CENTURES	Man	M	Kan	M	0-	29c. LIC	ense nui	yBER &	9-3	29d. DAT	May	Month, Day, Year) 91, 1992

DHMH-18 Rev 1/89

96671 61

A.

A REEL COMP. TO SEE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE	RTIFICAT	E OF	DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
i	Katherine M. Gay				May 22	. 199	O 4:10 Am			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE TITY'S last	birthday) IF UND	ER YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
	215-50-3390 10M2 FF 84	YRS. MONTH	DAYS	HOURS MIN.	(Month, Day, Year) 3-1-1	206	Maryland			
	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF D			TY OF DEATH			
~		96. CI				9c. COUN	IT OF DEATH			
Ö	Good Samaritan Hospital		Ba	ltimore	9					
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	10c CITY TOWN	LOB LOCAT	TION			10d. INSIDE CITY			
<u>E</u>	The state of the s	LIMITS?								
	Md. Baltimore	ват	-			1	1 YES 2 NO			
M	10e. STREET AND NUMBER	. ZIP CODE			EN OF WHAT COUNTRY?					
FUNERAL	2806 Taylor Ave.			21234			.S.A.			
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO.				NIC ORIGIN? (Specify ) in, Puarto Rican, etc.)	les or No-	14. RACE — American Indian, Black, White, etc.			
ВУ Р	IF YES, GIVE WAR OR DATES	´		2 MO Specif			Specify:			
	3 📝 Widowed 4 🗌 Divorced						White			
ᇤ	(Specify only highest grade completed) (Give	EDENT'S USUAL to kind of work dor	e during mo		16b. KIND OF B	USINESS/IND	USTRY			
ᄪ	Elementary/Secondary (0-12) College (1-4 or 5+)	Do NOT use retired	(.)		1					
₽ I	12th	Homem	aker		H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	78 - 77		18. MOTHER'S NA	ME (First, Middle, Maid	en Surname)				
BE C	Thomas P. Kavanaugh			Marg	garet K.	Fole	v			
	19a. INFORMANT'S NAME (Type/Print) 19b.	MAJLING ADDRE	SS (Street a		Route Number, City or 1					
2	Mr. James M. Gay, Jr.	7022 H	amle	t Ave.	Balto.,	Md.	21234			
				metery, cremetory or			City or Town, Stata			
	1 12 Burial 2 Cramation 3 Removal from State other place	00)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ew cat.	HEGT	AT CHILE	etery	Barto	. MQ.			
	res pill		Har	tley Mi	iller Fu	neral	Home			
	Haitley Willer		752	7 Harfo	ord Rd.	Balto	., Md. 21234			
	23. PART I. Enter the diseases, or complications that caused the dea	ith. Do not ent					est, Approximate			
	ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final	- 1.00	-L	1-1-01			Interval Between Onset and Death			
İ	disease or condition		مناه	3190						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due To (or As A consequence)	UENCE OF):			1-1-4-1					
_					arctin					
<u>ō</u>	Sequentially list conditions, if any, leading to immediate	UENCE OF):	0 -1	7		7				
Ä	Entry (MIDEOLYMIA	2.04	-	1:110	ce		ļ			
표	CAUSE (Disease or Injury that Initiated events	UENCE OF):		chip	17					
F	resulting in death) LAST									
CERTIFICATION	d									
DICAL	PART II. Other algnificant conditions contributing to death but not re	sulting in the	underlyin	g cause given in	Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
2	pulmmary Edema					2 NO	COMPLETION OF CAUSE OF DEATH?			
ш							1 TES 2 NO			
Σ										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28 P	LACE OF DEATH (C	heck only one)					
<u></u>	EXAMINER? HOSPITAL:	ОТН	ER:	a same regress						
ΥS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 27. MANNER OF DEATH 28e, DATE OF INJURY	1		JURY AT	6 Other (Specify)	W IN SURVEY CO.	NAMED			
	1 Natural 5 Pending (Month, Dey, Year)	28b. TIME OF INJURY	W	DRK?	28d. DESCRIBE HO	W INJUNY OCC	OMED			
ВУ	2 Accident Investigation			YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	no, farm, street, 1	actory, offic	ce ·	28f. LOCATION (Stree City or Town, Sta		or Rural Route Number,			
ETE	4   Holineto Getermine				<u> </u>					
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, deep	ath occurred at th	e time, date	and place, and du	a to the cause(a) and r	nanner aa state	ed.			
M	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or in	rvestigation, in m	y opinion, o	death occured at the	e time, data and place,	and dua to th	e cause(s) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	IMBER	29d. DATE	E SIGNED (Month, Day, Year)			
BE	Samer Dili X is					<b>&gt;</b>	(			
2	3000	1 em et 0 / 10								
	II 30 NAME AND ADDRESS OF DEDSON WHO COMPLETED CALLS OF DEATH STORY									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM		-dh	AL - 18"	h 1					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM  CONTROL OF THE PILED (MONTHLY DOWN 1997)  31. DATE FILED (MONTHLY DOWN 1997)  32. PREDISTRAB'S SIGNATURE.		vite	heater	tal					

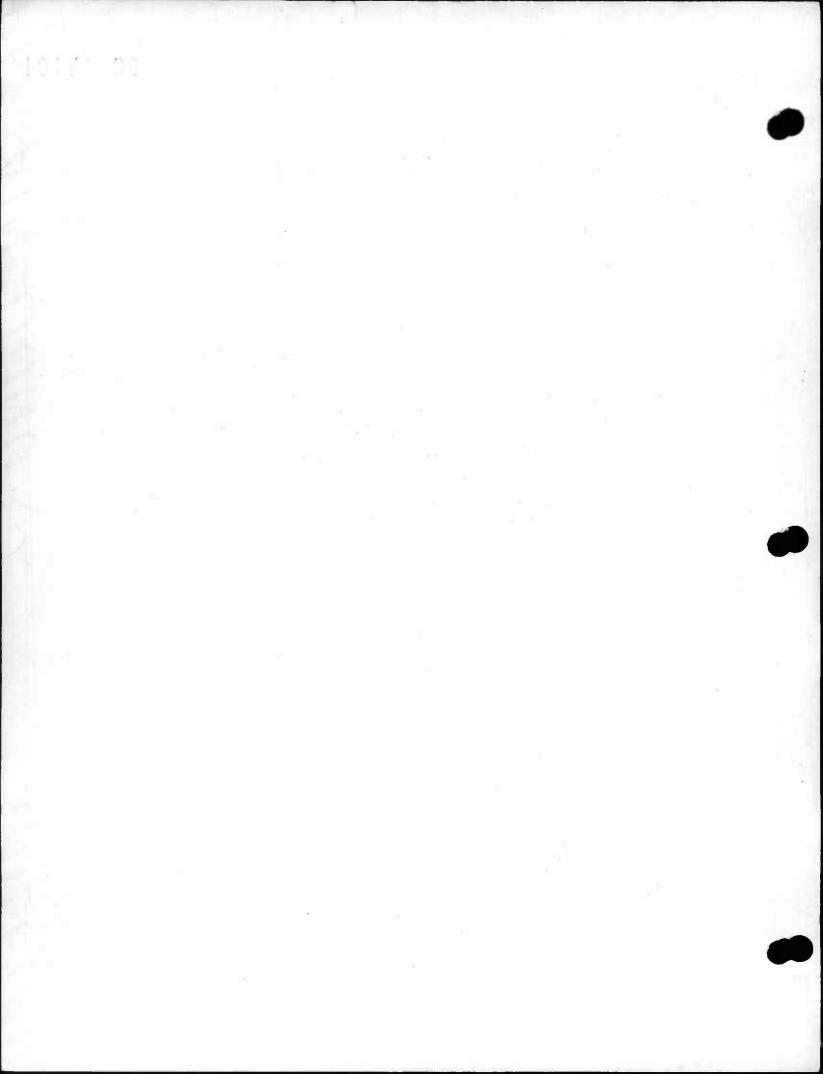
FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2+ nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache tiled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the	de	0
2	D De	a a
inec	non	fle
ret	50	10H
8	age	pe
E	or, p	181
9 9	rect	Ē
Pa	ai di	a e
eath.	and a	ES ES
er d	the val.	6
s aft	PH OH	glea
DOOL	d in	me
5	fille on,	he
thin	mati	It, t
N.	appen Cre	ver
THE C	d co	10
80	d of	TE I
9	iclar	neu
scate	phys ie pi	Per
entif	ing	盲
the co	al Hy	10
de	Aemt.	UT,
the	nd h	E
tha	th a	any
ulres	Sign	SW.
regi	9	sho
ME	as b	23
The	ate (	E
AN:	the St	F
SICI	th th	d, 0
듄	this	rke
ING	Wher	E
S	IR.	-
AT	S aft	1 28
B	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	Item
TA	るな	=
SS	UNE INTE	IN
平	出る	THE
T C	一世	MP.
F	FB	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OHILE OF IMPRICE			F DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
Clarence A. Hurt					MONTH 5	Z3	YEAR 90	5 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
226-30-5376	1X0XM 2 0 F 6	3 YRS.	MONTHS DAY	78 HOURS MIN.	(Many Day Year)	- 26	Count	ν) VA.
9e. FACILITY NAME (If not institution, give str	reet end number)		9b. CITY, TOV	VN OR LOCATION OF DI	EATH	9c. COL	INTY OF D	EATH
Union Memorial H	Ospital		Balti	more City				
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNTY			LTIMO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		I DV	LIINO	101, ZIP CODE		T 40 - 017	TITEL OF I	VHAT COUNTRY?
1914 BURNWOOL	RD.			21239		10g. CIT	USA	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS	DECENDENT OF HISPAI I, specify Guben, Mexics	NIC ORIGIN? (Specify	fee or No—	14. RACI Biac	E — American Indian, k, White, etc.
1\_XNever Merried 2  Merried 3  Widowed 4  Divorced	IF YES, GIVE WAR OR D	ATES	10	YES 2 NO Specif			Spec	
15. DECEDENT'S EDUC (Specify only highest grade)		16e. DECEDENT'S		PATION g most of working	16b. KIND OF 8	SUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	ie retired.)		OFTUL	- (1 E NA	СТ	E E 1
12th GRADE		SHIPYA	KD IN	SPECTOR	BETHLE		21	EEL
17. FATHER'S NAME (First, Middle, Last)					ABETH :	on Sumamo) STOKE		
LOVE HURT								
19a. INFORMANT'S NAME (Type To the LEON R. HURT				eet end Number or Rural			in Carle)	
20e. METHOD OF DISPOSITION	1 00			St. /San		O, CA		
1)C)Burial 2 Cremation 3 Remo	wal from State	PRINGFI			CEM HERCH MI			
21. SIGNATURE OF FUNERAL SERVICE LIC		FILINGIT		E AND ADDRESS OF FA			, ,,	
O to	5 10	///	LING	C MADCH	F (1 1)	101 [	- 1	ODTH AVE
23. PART I. Enter the diseases, or c	c-www	Upe						ORTH AVE.
shock, or heart triflure. I	a. Shock	A CONSEQUENCE OF	e to	Sep	1			Approximate Interval Batween Onset and Death
	DUE TO (OR AS	A CONSEGUENCE OF	r):	•				
Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF	F):					1
cause. Enter UNDERLYING CAUSE (Disease or Injury								
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):					
Testiting in death) Exst	1							
PART II. Other aignificant condition	s contributing to death	but not resulting	In the under	lying cause given in	Part I. 24a. WAS	AN AUTOPSY	24	. WERE AUTOPSY FINDINGS
history of lu	ng cAnca					2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
/						1		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (C)	heck only one)			
1 Tes 2 No	HOSPITAL:	patient 3 DOA	OTHER: 4 - Nursing	Home 5 🗆 Residence	6 Other (Specify)			
27, MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 26c	. INJURY AT	28d. DESCRIBE HO	W INJURY O	CCURED	
1 Natural 5 Pending Investigation	(Month, Day, Year)	meJ	M 1	WORK?				
2 Accident investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory,	office	261. LOCATION (Stre		er or Rural	Route Number,
4 Homicide determined	wanding, etc. (opt	,/			City or Town, St	210/		
29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	wiedge, death occum	ed at the time,	date and place, end du	e to the cause(e) end	manner as st	inted.	
ann)	R: On the basis of examination							e) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	3/1			29c. LICENSE NU	MBER	29d. D/	TE SIGNE	D (Month, Day, Year)
Store Ha	e ma	)				•	-1	3/90
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF D			,		1	- 1	111
Steve Hend	- Unio	- Mer	Jainer	Hosp	-t-/			
31. DATE FILED (Month, Day, Year) MAY 2. 4 1990	June Davidson	CHOICE .		-				



1 - STATE REGISTRAR	2	IAIE UF N	MAKTLA		RTIFIC					MENIA	REG. N				7 1	0 6
1. DECEOENT'S NAME (First, Midd	He, Last) M JULI	:AN HUI	DSON							2. DAT	E OF DEATH		9 \$ <b>*6</b> *	3. TIME O	F DEATH	м
4. SOCIAL SECURITY NUMBER	5. S		6. AGE (In	yrs. last	birthday) II	UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. BII			8. BIRTH	IPLACE (Sta	te or Foreign	n
244-32-9455	1 💢	M 2 □ F 62 YRS. MONTHS DAYS						HOURS	MIN.	190	78-79	27	Nor	th Ca	roliv	ra
90. FACILITY NAME (If not institution	CILITY NAME (If not institution, give street and number)  9b. CITY, TOWN							OR LOCATI	ON OF DE							
1628 Gray Place Dundalk												Bal	timo	re		
RESIDENCE OF DECEDI	OF DECEDENT												10d, INSIC	E CITY		
Maryland B	Baltimo	ore Dundalk												1 TYES	2 XNO	
10e. STREET AND NUMBER							101	I. ZIP COD						WHAT COUN		
1628 Gray Pla							$\perp$	212:						State		
11. MARITAL STATUS  1 Never Merried 2 XXMarri		WAS DECEDEN FORCES? 1	Y YES	2 N	0	13. W	AS DEC	ENDENT C	OF HISPAN	NIC ORIG	ilN? (Specify Yo Ricen, etc.)	ee or No-	14. RACI Blac	E — Americ k, White, et	an Indian, C.	
3 Wildowed 4 Divorced	wu	JII-Ko	4	-		<u> </u>			Specify				Spec	" Whi	te	
(Specify only high		leted)		(Gi	CEDENT'S US ve kind of work Do NOT use re	WAL OCO k done du	uring mo	ON ost of workin	ng	16	Sb. KIND OF B	USINESS/IN	IDUSTRY			
12th grade	n/	llegs (1-4 or 5			ler mo					F	3ethle	hom S	tool		,	
17. FATHER'S NAME (First, Middle,		· ·			110	uce t	_	18. MOT	HER'S NA		, Middle, Meide				1	_
Robert Hudson	1							100	ra Bi			,				
19e. INFORMANT'S NAME (Type/P)				198	. MAILING AT	ODRESS	(Street a					wn, State, Z	(ip Code)			
196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)  Mary L. Hudson  1628 Gray Place Baltimore, Maryland 21222																
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of complexy company) 20s. LOCATION — City or Town, State																
1 \overline{\text{Burlet 2 \overline{Cremetlon 3 \overline{Removal from State}}}} \ \text{Holly Hill Cemetery 5-25-1990} \ \ \text{Baltimore, Maryland} \]																
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda—Ruck Funeral Home of Dundalk, Inc.																
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Baltimore, Md. 21222																
23. PART i. Enter the disect	ses, or comp	olicetions the	et ceused	the de	eth. Do not										2 Proximate	_
ahock, or heert								,				,,	,	inte	rval Betweet end D	reen
iMMEDIATE CAUSE (Fine) disease or condition		SED	TICA	= 10	\ \ \ \									3		
resulting in deeth)		SEP	(OR AS A	CONSEC	OUENCE OF):									1	- WE	LY
		5 W	AUL	. 6	30W	EL	,	FIC	ってレ	1	A			1 V	) we	15
Sequentielly list conditions if any, leeding to immediate		DUE TO	(OR AS A	CONSEC	DUENCE OF):											
ceuse. Enter UNDERLYING CAUSE (Disease or injury	2	GA	STR	10	CA	CU	CE	FR		ME	STAS	<b>N</b> 56	3	1	YEA	172
that initiated events		DUE TO	(OR AS A	CONSE	DUENCE OF):									- 1		
resulting in deeth) LAST	d															
PART II. Other algolificent c	onditione co	ntributing to	deeth bu	it not r	eaulting in	the unc	derlyln	g ceuse	given in	Part i.		AN AUTOPS	Y 24	b. WERE AUT		NGS
											1 TYES	ORMED?		COMPLET	PRIOR TO	SE
										_	1 1 123	2 - 140		OF DEATH	? 2 □ NO	
										_				1   120	2 [] 110	
25. WAS CASE REFERRED TO ME	DICAL						26. P	LACE OF I	DEATH (Ch	heck only	one)					
EXAMINER?		SPITAL:	☐ ER/Outpe	itlent 3		THER		ne 5 🗆 R	Seldence	8 🗆 Ot	ther (Specify)					
27. MANNER OF DEATH		28s. DATE OF	F INJURY		28b. TIME	OF	28c. IN	JURY AT		_	ESCRIBE HO	V INJURY O	CCUREO			
1 Natural 5 Pend 2 Accident Inves	ding atigation	(MONITI, I	Day, Year)		INJUF	М		ORK? YES 2 [	_ NO							
3 Suicide 8 Coul		28e. PLACE (	OF INJURY	— At ho	me, farm, str	el, facto	ry, offi	Ce			OCATION (Streetly or Town, Ste		per or Rural	Route Numb	er,	
4 Homicide date	rmined	>01100														
29e. CERTIFIER (Check only	NG PHYSICIAN	: To the best o	f my knowle	edge, de	ath occurred	at the tir	me, dat	e end plec	e, end due	e to the o	ceuse(e) end r	nenner ee s	tated.			
one) 2 MEDICAL	EXAMINER: O	n the basis of	examination	end/or	investigation,	In my op	pinion,	death occu	red at the	time, da	ate end place,	end due to	the cause	(e) end men	ner ee state	ıd.
29b. SIGNATURE AND TITLE OF	CERTIFIER	-						29c. LIC	ENSE NU	MBER			_	D (Month, Di		
New C'	hem	-						101	(02	2B	)	•	5/2	3/90	)	

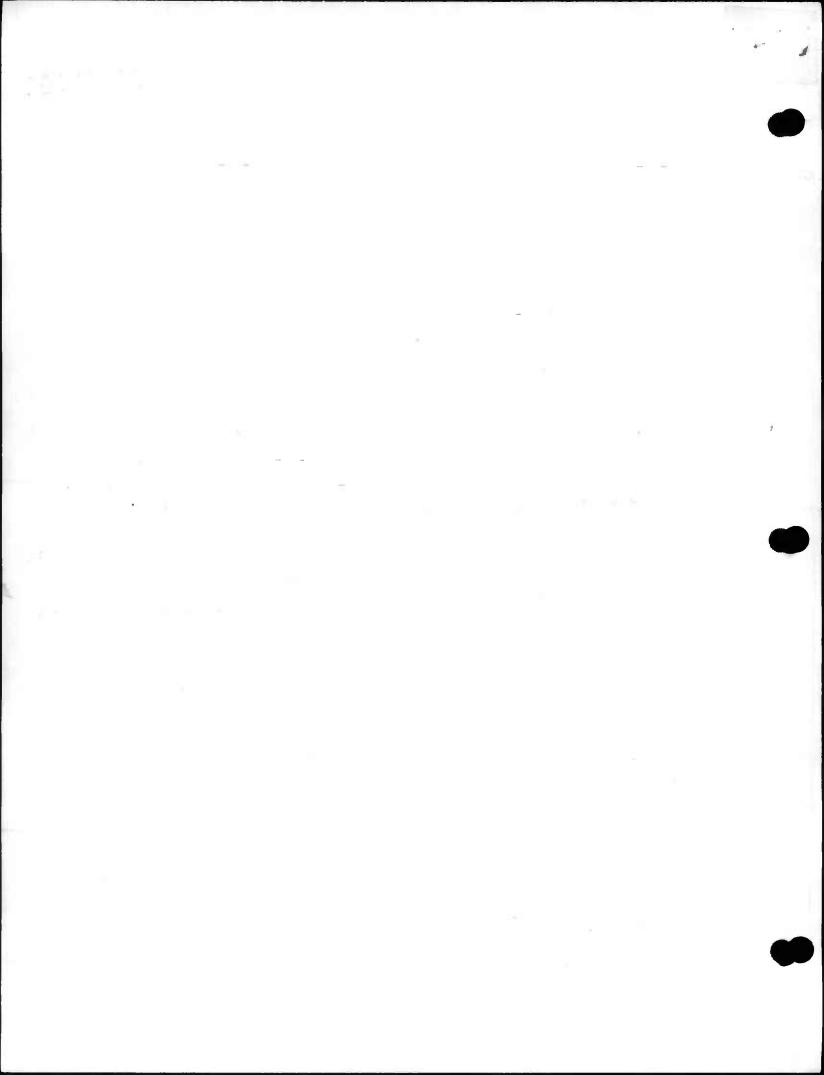
10V

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28-cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



pn

31. DATE FILED (Month, Day, Year)

MAY 24 1990

	1 - FOR STATE REGISTRAR	STATE OF MARYL		PARTMEN FIFICAT			ENTAL HYGI REG.		50 1410		
	1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM H	ATTEN	V SR.			2. DATE OF DEATH	DAY	3-90 3. TIME OF DEATH 2: 90 2:15 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)										
TOR	9. FACILITY NAME (II not institution, one street and number)  Deaton Hospital We discal Center Baltimore City/ none  RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	none -	100	Ba.		nore Cit	у		10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	10a. STREET AND NUMBER	ont Avenue			101.	21213			ited States		
B√	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYPES IF YES, GIVE WAR OR D		13.	If yes, spe	ENDENT OF HISPANI ecify Cuban, Mexican 2 NO Specify:			14. RACE — American Indien, Black, White, etc.  Specify: Negroid		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	(Give kin	ENT'S USUAL Cond of work done	during mo	ON ast of working	16b. KIND OF	BUSINESS/IN	DUSTRY		
MPLE	5th grade	none	Lab	oorer					m Steel		
BE CO	17. FATHER'S NAME (First, Middle, Lest)  Lewis Hatt	en				18. MOTNER'S NAM	Pear C				
2	190. INFORMANT'S NAME (Type/Print) Phyllis Hatten		19b. MA			nont Ave			d. 21213		
	20e. METHOD OF DISPOSITION 1	DISPOSITION Commetted 3 Removal from State Aroutus Memorial Park  20c. LOCATION - City or Town, State Maryl									
evening	21. SIGNATURE OF FUNERAL SERVICE LI										
	23. PART i. Enter the diseases, or shock, or heart fellure.	complications that cause List only one cause on e	d the death. ech line.	Do not ente	r tha mo	da of dying, auch	aa cardiac or r				
and the man	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	DUE TO (OR AS)	CAL	ICE OF):	Lu	ing cand	er	3	month 3 month		
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A		100							
CERI	resulting in death) LAST	d									
AL	PART II. Other significant condition	ns contributing to deeth to					PEI	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N: MEDIC	Ty valedio	Cutuk					-		1 TYES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	ER:	LACE OF DEATH (Che					
PHYS	1 VES 2 NO  27. MANNER OF DEATH  Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		b. TIME OF	28c. INJ WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE N		CCURED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, f	ferm, atreet, fa			281. LOCATION (S) City or Town,		er or Rural Route Number,		
COMPLETED	(Orlock Unity	SICIAN: To the best of my know IER: On the basic of examination							ated. the cause(s) and manner ee stated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIE		Ç,			29c. LICENSE NUM			TE SIGNED (Month, Day, Year)  3/23/90		
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27)	(Type, Print)		W 72 100 - 10					

32. REGISTRAR'S SIGNATURE

GF 8181

the state of the s

v = v = 21 / 2 7 m

## ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COM	TO BE COMPLETED BY BUYSICIAM. MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to Durlal. cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.
-01		2 DATE OF DEATH

·	FOR STATE REGISTRAR	STATE OF N	MARYLAND / D			F HEALTH			YGIENE EG. NO.		U	1710	) ~?
	1. DECEDENT'S NAME (First, Middle, La	ist)						2. DATE OF D	EATH			TIME OF DEATH	
,	FREDERICK (FRE	D) G.	HASKINS				_ [	MAY	18.	1990	1	11 Aus	М
	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs. les) bi	rthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF B	IRTH	8. Bit	ATHPLA	CE (State or Foreign	$\exists$
		1- M 2 □ F				AYS HOURS	MIN.	(Month, Day			untry)		
)	579-64-7519  Se. FACILITY NAME (If not institution, gi	21	98	-	AL CITY TY	WN OR LOCAT		SEPT.2		c. COUNTY O	HIO	ч	$\dashv$
nc								3111	- 1				
3 MOUNTAIN LAUREL COURT GAITHERSBURG MONTGON RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MD. MONTGOMERY GAITHERSBURG								HOME	RY	-			
EC	10a. STATE 10b. COU			10c. CITY	, TOWN OR I	OCATION		<u> </u>	:		100	I. INSIDE CITY	
뜻	MD. MO	NTGOMERY		GAI	THERS	BURG					1[	LIMITS?  YES 2 V NO	
	10e. STREET AND NUMBER					10f. ZIP COD	Œ		1	0g. CITIZEN C	F WHAT	COUNTRY?	$\neg$
FUNERAL	0 1/017777 1 71 7 4	TIDMI GOITOM				1 2	20879			TICLA			_
z I	3 MOUNTAIN LA		T EVER IN U.S. ARME	D	13. WAS	DECENDENT	OF HISPANI	IC ORIGIN? (Se	pecify Yea or	USA No- 14. R	ACE -	American Indian,	$\dashv$
	1 Never Married 2 Married		X YES 2 NO		If y	s, specify Cub	an, Maxican	, Puerto Rican		8	llack, Wi pecify:	hits, etc.	- 1
B	3 🔯 Widowed 4 🗌 Divorced	1917-			, ,	YES 2 NO	opiony.					WHITE	
	16. DECEDENT'S	EDUCATION	16a, DECE	DENT'S	USUAL OCCI	IPATION	t	16b. KIN	D OF BUSIN	ESS/INDUSTR	Y		
<u> </u>	(Specify only highest gi	College (1-4 or 5	Ma Dr	NOT us	ork done dun a ratired.)	ng most of work	ing	1					
립	12	1	·	orn	reter			U.	S. GO	VERNM	ENT		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1		18. MO	THER'S NAM	AE (First, Middle	, Maiden Sur	name)			
	GEORGE HASKIN	C				1	ELIZA	RO	WE				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING	ADDRESS (S	treet and Numbe	er or Rural A	loute Number, C	lity or Town, S	State, Zip Code	)		
임	CARLYN LEW	IS		S.	AME A	5 #10							
	20a. METHOD OF DISPOSITION		20b. PLACE OF	DISPOS	ITION (Name	of cemetery, cre	metory or			TION — City o			
	1 Starial 2 Cremation 3 5 4 Donalion 8 Other (Specify)		BALTI	MCR.	E NAT	IONAL (	CEMET	ERY	BALT	IMORE	, MD.		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1	7	22. NA	ME AND ADDR	ESS OF FAC	YTLIE					
	► Marill	Il Ba	4her			RIEL H						20882	2
	23. PART I. Enter the diseases,	or complications the	it caused the deet	h. Do n		a mode of d					SVII	Approximate	
	shock, or heart failu	ire. List only one cau										Interval Betwee	
	iMMEDIATE CAUSE (Finel disease or condition	C	Redavio										
ł	resulting in death)	S. DUE TO	(OR AS A CONSEOU	ENCE OF	n:							6 - F W	B
_		~										6-8 W	5
Ó	Sequentially list conditions,		(OR AS A CONSEOU		):								_
¥	if any, isading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEOU	ENCE OF	7:								
CERTIFICATION	resulting in death) LAST	d,											
	PART ii. Other aignificent cond	tions contribution to	death but not rec	ultina i	n the unde	chilpa seuse	shee la	Bort Da	. WAS AN AL	money I	045 941	ERE AUTOPSY FINDIN	100
3	PART II. Other algumeent cond	tuning contributing to	Ceath Dut not res	ounty i	in the unite	mymy cause	given in	Part 1. 241	PERFORM		AM	AILABLE PRIOR TO OMPLETION OF CAUSE	
ă					_			—   ¹[	YES 2 5	N	OF	F DEATH?	
ž								-			-1 (	YES 2 JUNE	
BY PHYSICIAN: MEDIC						72111212							_
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF	DEATH (Ch	eck only one)					$\dashv$
YS	1 YES 2 NO		ER/Outpatient 3		_	g Home 5 🖭	Rasidence						_
표	27. MANNER OF DEATH  1 A Natural 5 Pending	28a. DATE Of (Month, I	Day, Year)	28b. TIM INJ	URY 2	e. INJURY AT WORK?	_ wa	28d. DESCRI	BE HOW INJ	URY OCCURE	Б		
B	2 Accident Investigat		- 1			1 YES 2	⊔мо	FOUR		VRG	<b>A</b> _		
	3 Suicide 8 Could not	be building	of INJURY — Al home, atc. (Specify)	n, Tarm, s	streel, fector	, office		City or To	wn, State)	d Number or Ru	INEI HOUR	e Number,	
			HOME					ک	EE	410			_
릴	CONTROL ONLY	HYSICIAN: To the best o											
COMPLETED	one) 2 MEDICAL EXA	MINER: On the beals of	yemination and/or im	restigatio	n, in my opi	ilon, death occ	ured at The	lime, data and	placa, and	due to the car	180(8) 81	nd manner as stated	4.
BE	296. SIGNATURE AND TITLE OF CENT		. //	- 0	<b>&gt;</b>	29c. Li	CENSE NU	IBER		29d, DATE SIG	NED (M	lonth, Day, Year)	
2	Muced	Alle	4/11	X	)	Do	709	4		- 5-	-15	-90	
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	SE OF DEATH (ITEM	2		11.	1	2			11/2		
- 1	MANGES & MI	114/13	5210 C	VHC	ONSI	W/41	10 ,	PETI	465	011	MD	20814	-
	31. DATE FILED (Morth, Day, War)	32. REGISTR	AR'S SIGNATURE										
	MAY 24 1990 4	La Saindron	Randell									2	

	1 - FOR STATE (	OF MARYLAND / CE		OF HEALTH AN	D MEN1	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Harr					TE OF DEATH TA	22-99	3. THE OF GEATING M
1 3	Harriet H	orner			- 1	5 26	2 90	0 3.00PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday) IF UNDER WONTHS	1 YEAR IF UNDER 24 HF	(3.4.	TE OF BIRTH onth, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give street and numb	00		, TOWN OR LOCATION O	F DEATH .	3/ 0	9c. COUNTY	OF DEATH
8	Scint Joseph 1	HOSDING	To	w 500	рат	10.00.	Prelt	imce
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		IOc. CITY, TOWN C	OR LOCATION				IOd. INSIDE CITY
DIB	Md. Baltime	re	Belair	•				1 YES 2 TNO
IAL	10e. STREET AND NUMBER			10f, ZIP COOE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3016 Second Avenue	Balto.	Md.	21234		CINID (Consider Man	ILS.	A.
	1 Name Married 2 19 Married FORCES	? 1 YES 2 N	0	II yea, specify Cuben, Me	xicen, Puer			RACE — American Indian, Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced	N/A	<u> </u>		1	N/A		White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gh	CEDENT'S USUAL Or we kind of work done Do NOT use retired.)	CCUPATION during most of working		16b. KIND OF BUS	INESS/INDUST	RY
PLE	Elementary/Secondary (0-12) College (1-4	or 5+)	ousewit	•		N/A		
COMPL	17. FATHER'S NAME (First, Middle, Last)		sewi		NAME (Fin	st, Middle, Maiden	Sumeme)	
BE (	Joseph A. Fallor					Child		
욘	19a. INFORMANT'S NAME (Type/Print)	155		S (Street and Number or R				
	William F. Horner  20e. METHOD OF DISPOSITION 5 - 23 - 90 1 Burlel 2 Cremation 3 Removal from Str		OF DISPOSITION (No	ond Ave.				or Town, State
	1 Donetion 5 Other (Specify)	other pla		atory. Ir	ic.	Ba	ltimo	re. Md.
	4 Donetion 5 Other (Specify) Metro Crematory, Inc. Baltimore, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  5151 Baltimore National Pike							
	G. Truman Schwa		I	Baltimore	Me.	1. 212	29	
	23. PART I. Entar the diseases, or complication shock, or heart failure. List only on			tha moda of dying,	auch as c	cardiac or reapi	ratory errest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition							
		UE TO (OR AS A CONSEC						
N N	Sequentially list conditions, b.	PULMONAR! UE TO (OR AS A CONSEC	Y ED	EMA				
ÄŢĬ	If any, leading to immediate cause. Enter UNDERLYING	SUTICAL	ANATIC	STENOI	75			j
H	that initiated events	UE TO (OR AS A CONSEC	DUENCE OF):	512,000	·.J	_		
CERTIFICATION	resulting in death) LAST							
CAL	PART II. Other significant conditions contribut	ing to death but not re	eaulting in the u	ndarlying cause give	n in Part 1	. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 - YES 2	□ NO	COMPLETION DF CAUSE OF OEATH?
								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	I (Check onl	ly one)		
VSIC	EXAMINER?  1 YES 2 NO  1 Inpatie	AL: nt 2 ER/Outpatient 3	DOA 4 Nu	R: raing Home 5 - Reside	nce 8 🗆 C	Other (Specify)		
PH	27. MANNER OF DEATH 28a, Di	ATE OF INJURY onth, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		DESCRIBE HOW I	NJURY OCCUR	ED
M M	2 Accident Investigation 28s. Pt	ACE OF INJURY — AI ho	me, ferm, atreet, fac	1 YES 2 NO	281. 1		and Number or I	Rural Route Number,
	3 Suicide 8 Could not be but determined	illding, etc. (Specify)			(	City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only   CERTIFYING PHYSICIAN: To the	best of my knowledge, de	ath occurred at the	lime, dete end piece, end	due to the	cause(e) and mar	ner ea stated.	-
NO.	one) 2 MEDICAL EXAMINER: On the bac	ele of exemination end/or i	investigation, in my	opinion, death occurad a	t Ihe Ilme, e	date and place, an	d due to the co	euse(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	//	//	29c, LICENSE			29d. DATE SI	GNED, (Month, Day, Year)
2	30. HAME AND ADDRESS OF PERSON WHO COMPLETE	O CAUSE OF OEATH (ITE	M 27) (Type, Print)	CCA \	71	ر	- 03	122/70
	20		. 1762271					
	31. DATE FILED (Mogth, Day, Year) 1990 32. RE	CISTBAR'S SIGNATURE	dattle					

10141 10

A II a

- × - × - × - × - =

FOR STATE REGISTRAR

31, DATE FILED (Morith, Day, Year)
MAY 24

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

8	,	1. DECEDENT'S NAME (First, Middle, Last)	م ۱ ۸	LFONSO	Morto	n	2. DATE OF DE	ATH _OPAY	YEAR	3. TIME OF DEATH 6:52PM
		Emanu-	5. SEX	8. AGE (In vrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIR		A BISTUS	PLACE (State or Foreign
		214-17-7618	X M 2 □ F	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, 1	Year)	Country	
, 3 should	OR	9e. FACILITY NAME (If not institution, give st Johns Hopkins H		1 0	96 CITY, TOWN	on Location of D imore Cit	EATH		NTY OF OE	
5 1, 2,	СТО	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,	100 0	TY, TOWN OR LOC	ATION				10d. INSIDE CITY
nit. Page	DIRE	MD			BALTIMO	RE, CIT	Υ			LIMITS?
ansit per	IERAL	100. STREET AND NUMBER 850 EXTER HAL	L AVE.		1	01. ZIP CODE 21218			USA	HAT COUNTRY?
the burial-transit permit. Pages 1,	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, i	CENDENT OF HISPA specify Cuben, Mexic S 2 NO Speci	an, Puerto Rican, e			- American Indian, White, etc. BLACK
ed for use as	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Give kind o	s usual occupat f work done during r use retired.)	TION nost of working  (CHILD)	16b. KIND	OF BUSINESS/IND	DUSTRY	
be detach at once.	E COMP	17. FATHER'S NAME (First, Middle, Last) RAYMOND A.	MORTON			18. MOTHER'S N.	AME (First, Middle, LEE S	Maiden Surname) MITH		
e 5 should notified	TO BI	190. INFORMANT'S NAME (Type/Print) CORALEE SMITH		19b. MAILIN 2720		and Number or Rural AND AVE				218
ector, page must be		20a. METHOD OF DISPOSITION 1 💢 Burlet 2 🗆 Crematton 3 🗆 Rem 4 🗆 Donation 6 🗀 Other (Specify)	oval from State	20b. PLACE OF DISP other place) BALTIM(	OSITION (Name of a	emetery, cremetory or ETERY		BALTO,		
e funeral din J. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	AND ADDRESS OF F	ACILITY			
the flowal.		DI ada	ال د	her						ORTH AVE
completely filled in by the funeral director, page 5 should be detached for use as rial, cremation, or removal.  c event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, of abook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Therma	use on each Mna. al burn inju	ry	loda or dying, au	ch as cardiac o	r respiretory ar	reat,	Approximate Interval Between Onset and Death
and comple o burial, cre natic ever	z		DUE TO	O (OR AS A CONSEQUENCE	OF):				_	
physician ne prior t	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	С	O (OR AS A CONSEQUENCE						-
	Ë	reading in duting Exer	d							
n signed by the atter f Health and Mental ows any Injury, o	DICAL	PART II. Other algnificant condition	ns contributing t	o death but not resulting	g in the underly	ing cause given li	1	WAS AN AUTOPSY PERFORMED? YES P NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
been signature of the 3 shown	N: ME						—   INS	SPECTION	1	1 TESXXXNO
ate De	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	***		PLACE OF DEATH (C	theck only one)			
the St	IXSI	1 XX № 2 □ NO 27. MANNER OF DEATH	1 Inpatient 24	XER/Outpatient 3 DOA		ome 5 🗆 Reeldence	-		- Allero	
ter this cath with marked,	ву Рн	1 Natural 6 Pending  XXX Accident Investigation	(Month, 5-1	9-90 8:	50PM 1	NJURY AT WORK? YES *** NO	Victim of house fire			
DIRECTOR: After this certificate has been hours after death with the State Dept. of Item 28 Is marked, or Item 23 sho	유	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	of INJURY — At home, ferm g, etc. (Specify) HOME	1, street, factory, of	fice	City or Town			oute Number, altimore, MD
ERAL DIR in 72 hour T. If Iten	COMPLET	0001		of my knowledge, death occu						) end menner ee stated.
TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2	BE C	296. SIGNATURE DON'S THE OF CERTIFIE	R			29c. LICENSE NO	JMBER	29d. DA	TE SIGNED	(Month, Day, Year)
3 =	5	James Kaplan, M		USE OF DEATH (ITEM 27) (7)		nn Street	,Baltim	ore,MD	21201	. V

32. REGISTRAR'S SIGNATURE RANDOM

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Goodin, MD

Mlia C.

5	0		
9	8		
ē	S		
9	9		
-	Sh		
0	ō		
E	D I		
S	8		
=	tac		-
Ĕ	ő		i
6	2		4
2	본		3
Ĕ	ĕ		100
	S		4
92	0		1
7	990		i
Ē	-		1
٥	용		1
8	lire		i
6	9		1
Ė	era		1
63	5		1
9	Je J	लं	1
	=	8	3
20	5	100	-
3	=	5	1
Ē	9	ë	
V	1	200	AP
	6	E	4
Ĭ.	8	0.0	9
2	E.	-	-
Š	0	트	
X	and	Ā	3
80	an an	2	1
CO O	10.	<u>ē</u>	1
20	\$	0	1
Ē	C2.	9	4.0
ė	E.	8	-
6	en en	<u> </u>	j
Jea	F	띁	
9	196	ž	
5	2	g	
na	P	20	ı
SS	Je I	鲁	ı
	S	He	
60	Pa	ō	
2	2	#	
(d)	as	8	0
2	9	9	1
_	Cat	E	
Y	#	9	
200	9	#	
₹	52	di di	•
PITAL OR ATTENDING PHYSICIAN: The law requires that the death cerdificate de executed within America's arise death, page of may de fetalined by the hospital of attending pi	EPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	×	
NG.	fter	eath	
Ö	V	Ď	
É	OR.	fter	4
A	5	50	1
30	8	MIL	
٠,	0	Z	-
Z	Z	2	
0	H	5	ú

	1. DECEDENT'S NAME (First, Middle, Linst)	ymond	Α.		Morto	<b>DEATH</b>	2. DATE	OF DEATH	NY .	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-62-8685	<del>,</del>	8. AGE (in yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH		Country	PLACE (State or For
	9e. FACILITY NAME (If not institution, give a	1	35	1000		OR LOCATION OF D	EATH	6-55	9c. COUNT		
TOR	Union Memorial	Hospital	M.		Ва	ltimore	City				
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY, TO	OWN OR LOCA	TION					10d, INSIDE CITY
1700	MD			BAL		E, MD.					1 💢 YES 2 🗌
RAL	10s. STREET AND NUMBER	A 1777			10	f. ZIP CODE					HAT COUNTRY?
FUNER/	850 EXTER HALL	AVE.	EVER IN U.S. ARI	MED	13. WAS DE	21218 CENDENT OF HISPA	NIC ORIGI	l? (Specify Yea		USA 14. RACE	- American India
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 N		if yes, sp	ecify Cuben, Mexic 3 2 X NO Speci	an, Puerto			Black, Specify	White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade		(G/	ve kind of work	UAL OCCUPATION Of the during me		16b	KIND OF BUS	SINESS/INDU	JSTRY	
LE	Elementary/Secondary (0-12) 12th GRADE	College (1-4 or 5+	) life.	DO NOT USE PE	ethed.)						
COMPL	17. FATHER'S NAME (First, Middle, Last)			MENT	LOILD	18. MOTNER'S N	AME (First,	Middle, Maiden	Surname)		
ш	LESLIE MORTO	N				MAR	P	HILLI	PS		
0	19e. INFORMANT'S NAME (Type/Print)		198			end Number or Rura					
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.  1023 LENTON AVE. / BALTO, MD.											
	20a METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	novel from State	BAL	TIMOR	E CEM	ETERY			LTO,		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Wa	رسعت			. MARCI		н. 11	01 E	. N	ORTH A
	23. PART i. Entar tha diseases, pr ahock, or haart fallure. iMMEDIATE CAUSE (Final				anter tha m	ode or dying, mu	cn as car	mac or reap	iretory arre	eat,	Approxim
	diseese or condition resulting in deeth)	8	and soot	inha	lation						interval B Onset and
rification .	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO		inha DUENCE OF):	lation			5			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO	(OR AS A CONSEC	inha DUENCE OF):	lation			5			
OICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO  c. DUE TO  d.	(OR AS A CONSEC	inha DUENCE OF): DUENCE OF):			n Part i.	24a. WAS AN PERFOI	RMED?	11.0	
: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO  c. DUE TO  d.	(OR AS A CONSEC	inha DUENCE OF): DUENCE OF):	the underlyli			PERFOI	RMED?	11.0	WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF 0 OF DEATH
: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	b. DUE TO  c. DUE TO  d.	(OR AS A CONSEC	inha DUENCE OF): DUENCE OF):	the underlyis 28. §	ng cause given l	Check only a	PERFOI	RMED?	11.0	WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF 0 OF DEATH
HYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 D NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DUE TO c. DUE TO d. ne contributing to	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	inha DUENCE OF): DUENCE OF):	28. F	ng cause given i	Check only o	PERFOI	RMED?  NO  INJURY OCC	CURED	WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF 0 OF DEATH?
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 \( \) NO  27. MANNER OF DEATH	b. DUE TO  c. DUE TO  d	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	28. f	PLACE OF DEATN (Come 5 Aresidence July Ares Ares No	Check only o	PERFOI  TO Specify)  SCRIBE HOW  CLIM O  CATION (Street	INJURY OCC	CURED SE f	WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	b. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Inpetient 2X 28e. DATE OF 5-1.9 26e. PLACE O building.	(OR AS A CONSECTION OF AS A CONS	DUENCE OF): DUENCE	28. F  THER: Nursing Ho  OF 26c. IN 1   eet, factory, off	PLACE OF DEATN (Come 5 Residence JUHY AT ORK? YES NO	Check only a  6 G Oth 28d, DE V1( 28f, LO) 85)	PERFOI  PERFOI	INJURY OCC f hou and Number er Ha	SURED SE for Flural R A	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF OF DEATH?  THES 2 DEATH OUTE Number, Ve. Balt

111 Penn Street, baltimore, MD 21201

VC

N PARTY N

	4 hour
o,	within
13146	e executed
<	2
2	ificate
o.	Le3
7.	death
D	음
Ĭ	that
OF VITAL RECORDS, P.O. BOX	w requires that the death certif
	MB
4	The
>	SICIAN:
0	F
DIVISION	DSPITAL DR ATTENDING PHYSICIAN
2	A
	0 7
	SPITA

10 THE FIGNSHIP IN A LICENTIAN THIS configures that the contract the property of the property
---

STATE REGISTRAR

1 -

DIRECTOR

FUNERAL

ВҰ

COMPLETED

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

2

10e. STATE

10e. STREET AND NUMBER

5200

11. MARITAL STATUS

Clem

Wallace

24 1990

90 14108 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Sallie 2. DATE OF DEATN OECEDENT'S NAME (First, Middle, Last) В. Moore 3. TIME OF OEATN MOORE : Wahn ALLIE 122 5 5. SEX 4. SOCIAL SECURITY NUMBER S-AGE (I. , s last t nday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign \$203-09-155 DAYS HOURS N.C. 703 1 M 2 F 03 9b. CITY, TOWN OR LOCATION OF GEATH 4440 KMSM 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) BATIMORS PSIC MMDICAL CHWTHIN BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY UMITS? 1 YES 2 NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION BATIMURK MATHORN 10f. ZIP CODE 21222 10g. CITIZEN OF WHAT COUNTRY? New Pittsburgh USM 21224 IKRIN 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuyan, Mexicen, Puerto Ricen, stc.) 1 VES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14 RACE - American Indian, Black White, atc. FORCES? 1 YES 2 2 100 1 Never Merried 2 Merried Black 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementery/Secondery (0-12) College (1-4 or 5+) Home Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Jessie Mitchell DeShazo 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 911 N. Rosedale St. Balto., Md. Moore 20s. METHOD OF DISPOSITION

DDBuriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Balto., Md. Baltimore National 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217 23. PM# I. Enter tha diseees, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory errest, Approximete ahock, or heert fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Finel DKCDIN Amnu ( FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO 1 ☐ YES 2 ☐ NO

disees or condition resulting in death)	a	PHSPIRATURY DUE TO (OR AS A CONSEQUENCE OF):	ANRAST		
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. d.	DUE TO (OR AS A CONSEQUENCE OF):  SHIZURE  DUE TO (OR AS A CONSEQUENCE OF):			
PART ii. Other significant cond	ditione contril	buting to deeth but not resulting in the	e underlying ceuse given in Part I.	24a, WAS AN AUTOPSY	24b. WERE AUTOPSY

5. WAS CASE REFERRED TO MEDICAL	T	1			28. PLACE OF DEATN (Ch	neck only one)	
EXAMINER?  1 YES 2 NO		OSPITAL: Inpatient 2 ER/Outpatient 3	□ DOA	OTHE 4   No	R: Irsing Nome 5 - Reeldence	8 Other (Specify)	
7. MANNER OF DEATN  1		28e. DATE OF INJURY (Month, Day, Year)	28b, TIR	ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY	OCCURED
3 Sulcide & Could not be		26e. PLACE OF INJURY - At he	me, farm,	street, fo	ctory, office	281. LOCATION (Street and Nur.	nber or Rural Route Number,

4 Homicide	datermined	business, etc. (Specify)	City or lown, Stere)	
(Olivery Dilly	1 CERTIFYING PHYSICIAN	: To the best of my knowledge, death occurred at the time, date end	place, end due to the cause(e) and manner ea stated.	
one)				

one)	2 MEGICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurad at the time, date end place, end due to the ceuse(e) and manner se stated

SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Patrick A Murphy	D13688	· 5/22/90

	A	7/200	-
. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Print)		2
. 0 -			۷

		M MNO COMPLETE		HE (ITEM 27) (Type,	Print)	
WA	RHOR	NUUM,	MP	FSIC	MAD	ChNER
FILED /	Month Day Year)	32. BEG	DISTRAR'S SIGNA	THOMA AND	2.5	

- Dan Loss - Port land

X ( )

DHMH-16 Rev 1/89

dsou	che		ej.
the	deta		O O
8	20		at I
ined	houle		ffled
reta	5		not
y be	page		2
EE C	for, 1		nst
90	firec		E
9	100		를
death	full		ХЗП
The same	the	OVA!	e
22	n Dy	9	edic
	led l	5	E
A	ly fil	and	ŧ
A THE	plete		ent,
ted	E03	ě,	6
ПОФОСП	and	2	atic
90	ian	0	3UT
cate	hysic	200	T T
ertife	d Du	glen	ŧ
=======================================	lendi	5	6
dea	e at	Nemic	Ę,
t the	th A	DO	Ξ
tha	peu	E	3
uires	sign	Hea	SM
90	6	=	×
- 8	8		60
	as be	Dept.	23 8
The	ate has be	tate Dept. c	tem 23 s
JAN: The I	rtificate has be	he State Dept. o	or item 23 s
PSICIAN: The Is	is certificate has be	ith the State Dept. (	ed, or item 23 sl
3 PHYSICIAN: The Is	ir this certificate has be	th with the State Dept. of	arked, or item 23 sl
DING PHYSICIAN: The I	After this certificate has be	death with the State Dept. of	s marked, or item 23 s
TENDING PHYSICIAN: The I	TOR: After this certificate has be	after death with the State Dept. of	28 is marked, or item 23 si
R ATTENDING PHYSICIAN: The I	IRECTOR: After this certificate has be	rurs after death with the State Dept. of	em 28 is marked, or item 23 si
AL DR ATTENDING PHYSICIAN: The I	AL DIRECTOR: After this certificate has be	2 hours after death with the State Dept. of	if item 28 is marked, or item 23 sl
SPITAL DR ATTENDING PHYSICIAN: The I	VERAL DIRECTOR: After this certificate has be	hin 72 hours after death with the State Dept. of	VT: If item 28 is marked, or item 23 sl
HOSPITAL DR ATTENDING PHYSICIAN: The I	FUNERAL DIRECTOR: After this certificate has be	within 72 hours after death with the State Dept. of	TIANT: If Item 28 is marked, or Item 23 sl
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Depti. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
I. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH
Henry	Murphy,	Jr.	5 72

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las.	7	OLITI	IFICATE O		1 OATE	OF DEATH			3. TIME OF DEATH
		oher Tw			MONTH		7	YEAR	11 30
Henry  4. SOCIAL SECURITY NUMBER	5. SEX	ohy, Jr.  6. AGE (In yrs. lest birth)	(av) IF UNDER 1 YEA	R IF UNDER 24 MRS.	7 DATE (	OF BIRTH	5	/ /	IPLACE (State or Foreign
The second second second	1 🖳 M 2 🗆 F		MONTHS DAY	1	(Month,	, Day, Year)		Counti	γ)
212 09 6700	4.5	82 YF		N OR LOCATION OF E		5/07	l no cout	TY OF D	I.C.
and the second s									more
32 Lincoln	Avenue		Cato	nsville			10	142	mon
10e. STATE 10b. COUN	TY		CITY, TOWH OR LO						10d. INSIDE CITY LIMITS?
Md. Baltimore Catonsville									1 TES ZENO
10e. STREET AND NUMBER				101, ZIP CODE			10g. CITI	ZEN OF Y	WHAT COUNTRY?
32 Lincolr	Avenue			21228				U.S	5.A.
11. MARITAL STATUS		T EVER IN U.S. ARMED		ECENDENT OF HISP			or No—	14. RACI	E — Americen Indien, k, White, etc.
1 Never Merried 2 Merried	FORCES? 1		If yes	specify Cuban, Mexic	an, Puerto F	Rican, etc.)			
3 Widowed 4 Divorced				20 2 0 0 0	.,.		1	Bla	"y: ack
15. DECEDENT'S EI (Specify only highest gra		16a, DECEDE	NT'S USUAL OCCUP	ATION	16b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 6		d of work done during OT use retired.)			Shipp	ina		
		LOI	ngshore	nan		Surbb	THY		
17. FATHER'S NAME (First, Middle, Last)		~		16. MOTHER'S N	AME (First, A	Middle, Malden	Sumame)		
Henry	Murphy	, Sr.		An	na B	elle	Pari	risi	n
19e. INFORMANT'S NAME (Type/Print)		19b. MA	LING ADDRESS (Stre	et end Number or Rura Ln Avenu	Route Numb	ber, City or Tow	n, State, Zip	Code	1220
Mrs. Gladys	N. Murp	hy 3	Linco.	In Avenu	le Ba	ilto.	, Ma	. 4.	1228
20s. METHOD OF DISPOSITION	Secretoria de Com	20b. PLACE OF D	SPOSITION (Name of	cemetery, crematory or		20c. LO	CATION —	City or To	own, State
25LXBuriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify) _	moval from State	other place) Arbu	tus			Bal	Ltimo	ore	, Md.
21. SIGNATURE OF FUNERAL SERVICE	An			AND ADDRESS OF F					
						- 0			
The same of	11. m	nt. w		es A. Mo				14	3 01017
23. PART/I. Enter the diseases, c shock, or heart failur	r complications the		170	es A. Mo l Laurer	s St	. Ba	lto.		d. 21217 Approximate Interval Betwee Onset and De
23. PART/I. Enter the diseases, o	s. DUE TO	t caused the deeth.	Do not enter the	es A. Mo l Laurer	ch se cerd	Bal	lto. Iretory sm	rest,	Approximate Interval Betwe
23. PART/I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO	of caused the deeth. Use on each line. Of OR AS A CONSEQUENT Of OR AS A CONSEQUENT Of OR AS A CONSEQUENT	Do not enter the DE OF):	es A. Mol Laurer mode of dying, su	ns St	Bal	I AUTOPSY	rest,	Approximate Interval Betwe
23. PART/I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. DUE TO	of caused the deeth. Use on each line. Of OR AS A CONSEQUENT Of OR AS A CONSEQUENT Of OR AS A CONSEQUENT	Do not enter the	es A. Mol Laurer mode of dying, su	n Part I.	24a. WAS AN PERFOR	I AUTOPSY	rest,	Approximate Interval Betwee Onset and Dei Dei Dei Dei Dei Dei Dei Dei Dei Dei
23. PART II. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and cause. Exablymer?	B. DUE TO  C. DUE TO  d. HOSPITAL:	of caused the deeth.  use on each line.  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)	Do not enter the	es A. Mol Laurer mode of dying, su wying cause given in place of DEATH (	n Part I.	24e. WAS AN PERFOI	I AUTOPSY	rest,	Approximate Interval Betwee Onset and Dei Dei Dei Dei Dei Dei Dei Dei Dei Dei
23. PART II. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the conditions of the conditions	B. DUE TO  C. DUE TO  d. HOSPITAL:  1   Inpatient 2	of caused the deeth.  use on each line.  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)	Do not enter the	es A. Mol Laurer mode of dying, su wing cause given in place of DEATH (chome 6 Death (chome 6 De	n Part I.	24e. WAS AN PERFOI 1 YES 2	I AUTOPSY	241	Approximate Interval Betwee Onset and Dei Dei Dei Dei Dei Dei Dei Dei Dei Dei
23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significent conditions or conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpatient 2   28e. DATE Of (Month, I	of caused the deeth.  use on each line.  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)  O (OR AS A CONSEQUENT)	Do not enter the	S A. Mol Laurer mode of dyling, su will be supposed to the sup	n Part I.	24e. WAS AN PERFOI	I AUTOPSY	241	Approximate Interval Betwee Onset and Dei Dei Dei Dei Dei Dei Dei Dei Dei Dei
23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitated events resulting in death) LAST  PART II, Other significent conditions and the cause of the cause	b. DUE TO  d. DUE TO  d. HOSPITAL: 1   Inpettent: 1   28e. DATE Of (Month, in	of caused the deeth.  use on each line.  O (OR AS A CONSEQUENT)	Do not enter the	ying cause given in the set of Death (in House & Presidence in Work?	n Part I.	24a. WAS AN PERFORM 1 YES 2	I AUTOPSY RMED?	244	Approximate Interval Betwee Onset and Dei Dei Dei Dei Dei Dei Dei Dei Dei Dei
23. PART II. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and conditions are sufficiently in death. LAST  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. DUE TO  c. DUE TO  d. One contributing to  HOSPITAL:  1   Inpetient 2    28e. PLACE 0	of caused the deeth.  use on each line.  O (OR AS A CONSECUEN  O (	Do not enter the	ying cause given in the set of Death (in House & Presidence in Work?	n Part I.	24e. WAS AN PERFOI 1 YES 2	AUTOPSY MED?	244	Approximate Interval Betwee Onset and Dei Dei Dei Dei Dei Dei Dei Dei Dei Dei
23. PART II. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the conditions of the conditions of the cause of the cause. Examiner?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation and suicide 6 Could not determined.  29e. CERTIFIER (Check only 1 CERTIFYING PH.	B. List only one can be list only one can be be list only one can be be list only one can be be list only one can be list only one can be list only one contributing to list only one contributing to list only one contributing to list only one can be list only one can be list only one can be list only one can be list only one can be list only one can be list only one can be list on the basic of list on the basic of list on the basic of list on the basic of list on the basic of list one can be list on the list one can be list on the list one can be list on the list one can be list on the list one can be list on the list on the list one can be list on the list on the list one can be list on the list one can be list on the list on the list one can be list on the list on	of caused the deeth.  Joe on each line.  O (OR AS A CONSEQUENT)  O (OR AS A CO	Do not enter the	S A. Mol Laurer mode of dying, su wind cause given in the control of the control	n Part I.	24e. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED?	244 CCURED or or Rural	Approximate Interval Betwee Onset and Dei Dei Dei Dei Dei Dei Dei Dei Dei Dei

n 1°

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial. cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL ATE OF DE		NTAL HYGIENI REG. NO.		0 19110				
1. DECEDENT'S NAME (First, Middle, Last)				1	DATE OF DEATH	Y YEA	3. TIME OF DEATH				
St. Elder Marv	rin C.	Mo	ore		5-19-90	TEA	11:20PM w				
	70.		UNDER 1 YEAR IF L		. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign untry)				
214-56-5816  9a. FACILITY NAME (If not institution, give stre	1 M 2 F	37 YAS.	a. CITY, TOWN OR LO		8/31/52		alto., MD				
608 W. Franklin S	Street	В	Baltimore	City							
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNTY							10d. INSIDE CITY LIMITS?				
MARYLAND  10a, STREET AND NUMBER		<u>E</u>	BALTIMOF 10f, ZIP		7	40 - 01717511 (	1 YES 2 NO				
	TN CODDO		101. 211	CODE							
608 W. FRANKL:	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDE	NT OF HISPANIC	ORIGIN? (Specify Yea		JSA ACE — American Indian,				
1 Never Merried 2 Merried	FORCES? 1 YES	2 <b>2</b> NO		Cuban, Mexican,	Puerto Ricen, etc.)	6	llack, White, atc. pec/ly:				
3 Widowed 4 Divorced	ii ito, aive min on i	JA 1 2 3	1	FINO Specify.			BLACK				
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USI		working	16b. KIND OF BUS	INESS/INDUSTR	Υ				
Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  (Give kind of work done during most of working tife. Do NOT use retired.)										
17. FATHER'S NAME (First, Middle, Last)	(First, Middle, Maiden										
ANDREW MOOI  19a. INFORMANT'S NAME (Type/Print)	KE	10h MAII INO AD	IDBESS /Street and At		I'HY DAY  Ite Number, City or Town		d				
and the second s		C. T. C. L.									
DOROTHY MOORE 20a. METHOD OF DISPOSITION	V	b. PLACE OF DISPOSITI	PENNSYLV On (Name of cameter)			CATION — City of	MD 21217 or Town, State				
1 K Burial 2 Separation 3 Ramoval from Stata 4 Donation 5 Dother (Specify) MT. AUBURN CEMETERY BALTO.											
22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERALHOME 4600 LIBERTY HEIGHTS AVENUE											
23. PART I. Enter the diseases, or co	omplications that caus	ed the death. Do not	antar the mode of	d dying, auch	aa cardiac or respi	retory arreat,	Approximate				
shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final											
disease or condition resulting in death)	Gunshot wo	ound of hea	ad								
resulting in death) / a	OUE TO (OR AS	A CONSEQUENCE OF):									
C 6											
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):									
Cause. Enter UNDERLYING CAUSE (Disease or Injury											
that initiated evants resulting in daath) LAST	DUE TO (OR AS	A CONSEQUENCE OF):									
0	l						<del>-  </del>				
PART II. Other aignificant conditions	a contributing to death	but not resulting in	tha undarlying cs	use given in P			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?							COMPLETION OF CAUSE OF DEATH?				
in one agintoun conducti					XXXXYES 2						
					X_X_XYES 2		XXXXYES 2 NO				
					XX\_X\YE\$ 2		XXXXYES 2 \( \square\) NO				
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL			OF DEATH (Chec	-		XXXXYES 2 □ NO				
	HOSPITAL: 1   Inpatient 2   ER/Ou	ripatient 3 DOA 4	28. PLACE OTHER:  Nursing Home 5		k only one)		XXXXYES 2 □ NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  ○○XSES 2 □ NO  27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Ou 25a, DATE OF INJURY	tpatient 3 DOA 4	DTHER:  Nursing Home 5 DF 26c, INJURY WORK?	AT 6	k only one)  Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCURE					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  CXXES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 - Inpetient 2 - ER/Ou	tpatient 3 DOA 4	OTHER:  Nursing Home 5  DF 26c, INJURY	AT 6	k only one)	NJURY OCCURE					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  \$\( \)\colon \colon \	1   Inpetient 2   ER/Ou  28e. DATE OF INJURY (Month, Day, Year) FOUND: 5 ]  26e. PLACE OF INJUR	100   4   28b. TIME 0   11:0	OTHER:  Nursing Home 5  OF 26c, INJURY WORK?  OHPM 1 YES	AT #NO	k only one)  Other (Specify)  28d. DESCRIBE HOW I  Subject S  28f. LOCATION (Street of City or Town, State)	NJURY OCCURE  hot	D unal Route Number,				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  CONTES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	2sa. DATE OF INJURY (Month, Day, Year) FOUND: 5—]	100   4   28b. TIME 0   11:0	OTHER:  Nursing Home 5  OF 26c, INJURY WORK?  OPP 1 1 YES  Het, factory, office	AT #NO	k only one)  Other (Specify)  28d. DESCRIBE HOW I  Subject S  28f. LOCATION (Street of City or Town, State)	NJURY OCCURE  hot	ural Route Number. Street, Balti				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  \$\infty \infty \frac{1}{2} \infty \text{NO}  27. MANNER O DEATH  1	1 Inpatient 2 ER/Ou  25a. DATE OF INJURY (Month, Day, Year FOUND: 5 —  26a. PLACE OF INJUR building, atc. (Sc	topation 3 DOA 4  2 9b. TIME 6  11:( 3Y — At home, farm, streecify)  hon	OTHER:  Nursing Home 5 26c, INJURY WORK?  OTHER 10 26c, INJURY WORK? 11 YES  Net, factory, offica	AT  AXX NO  place, and due to	other (Specify)  20d. DESCRIBE HOW I  Subject S  20f. LOCATION (Street City or Town, State) 608 W. Fr	NJURY OCCURE hot and Number or R anklin	D unal Route Number,				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  COMES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. Continues  1 Certifying Physic 2 Certifying Physic Call	1 Inpatient 2 ER/Ou  28a. DATE OF INJURY  (Month, Day, lear  FOUND: 5—  28a. PLACE OF INJUR  28a. PLACE OF INJUR  building, atc. (Sp  CIAN: To the best of my knot  R: On the basis of axaminat	topation 3 DOA 4  2 9b. TIME 6  11:( 3Y — At home, farm, streecify)  hon	OTHER:  Nursing Home 5 26c, INJURY WORK? WORK? 1 UPY 1 VES eet, factory, office  The dete and in my opinion, death	AT  AT  NO  place, and due to occured at the ti	control one)  Other (Specify)  28d. DESCRIBE HOW I  Subject S  28f. LOCATION (Street City or Town, State)  608 W. FY  to the cause(a) and merme, data and place, ar	NJURY OCCURE hot and Number or R anklin nner as stated.	oural Route Number, Street, Baltin Maryland Use(s) and menner as stated.				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  DOXES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  3 Homicide 6 Could not be detarmined	1 Inpatient 2 ER/Ou  28a. DATE OF INJURY  (Month, Day, lear  FOUND: 5—  28a. PLACE OF INJUR  28a. PLACE OF INJUR  building, atc. (Sp  CIAN: To the best of my knot  R: On the basis of axaminat	topation 3 DOA 4  2 9b. TIME 6  11:( 3Y — At home, farm, streecify)  hon	OTHER:  Nursing Home 5 26c. NJURY WORK? WORK?  T YES set, factory, offica  THE at the time, date and In my opinion, death	AT  AX NO  plece, and dua to occured at the ti	control one)  Other (Specify)  28d. DESCRIBE HOW I  Subject S  28f. LOCATION (Street City or Town, State)  608 W. FY  to the cause(a) and merme, data and place, ar	NJURY OCCURE hot and Number or R anklin nner as stated. ad due to the car	oural Route Number. Street, Baltin Maryland Use(a) and menner as stated. SINED (Month, Day, Year)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  COMES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CONTINENT 1 CERTIFYING PHYSIC 2	1 Inpatient 2 ER/Ou  28s. DATE OF INJURY (Month, Day, Year FOUND: 5—  26s. PLACE OF INJUR 26s. PLACE OF INJUR building, stc. (Sp  CIAN: To the best of my knot R: On the basis of examinat	repetient 3 □ DOA 4  2 28b. TIME C INJUR 11: ( TY — At home, farm, stre secify)  NO  wiedge, death occurred ion and/or investigation,	OTHER:  Nursing Home 5 26c. INJURY WORK? WORK?  OTHER: YOUR 1   YES set, factory, offica  THER	AT  AT  NO  place, and due to occured at the ti	control one)  Other (Specify)  28d. DESCRIBE HOW I  Subject S  28f. LOCATION (Street City or Town, State)  608 W. FY  to the cause(a) and merme, data and place, ar	NJURY OCCURE hot and Number or R anklin nner as stated. ad due to the car	oural Route Number, Street, Baltin Maryland Use(s) and menner as stated.				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  **CONTES** 2	1 Inpatient 2 ER/Ou  28s. DATE OF INJURY (Month, Day, Year) FOUND: 5—  26s. PLACE OF INJUR 26s. PLACE OF INJUR building, etc. (Sc  CIAN: To the best of my knot R: On the basis of examinat	repetient 3 □ DOA 4  2 28b. TIME C INJUR 11: ( TY — At home, farm, stre secify)  NO  wiedge, death occurred ion and/or investigation,	OTHER:  Nursing Home 5 26c, INJURY WORK?  OF 1 1 YES set, factory, offica  THE INJURY WORK?  A STATE OF THE INJURY WORK?  THE INJURY WORK?  A STATE OF THE INJURY WORK?  THE INJURY WORK?  A STATE OF THE INJURY WORK?  THE INJURY WORK?  A STATE OF THE INJURY WORK?  THE INJURY WORK?  A STATE OF THE INJURY WORK?  A STATE OF THE INJURY WORK?  A STATE OF THE INJURY WORK?  A STATE OF THE INJURY WORK?  THE INJURY WORK?  A STATE OF THE INJURY WORK?  A STATE	AT  AX NO  plece, and due to occurred at the till  C. LICENSE NUMBER	other (Specify)  28d. DESCRIBE HOW I  Subject S  28f. LOCATION (Street City or Town, State)  608 W. Fr  to the cause(s) and mer me, data and piece, an	NJURY OCCURE hot and Number or R anklin nner as stated. ad due to the car	oural Route Number. Street, Baltin Maryland Use(a) and menner as stated. SINED (Month, Day, Year)				

funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the many first death. Page 6 may be retained by the hos	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the companion of removal	De med within 72 nous aret death with the State Dept. Or regals and highly, or other traumatic event, the medical examiner must be notified at once.
ertificate	ng physic	other to
death ce	attendir	ry, or
at the	by the	y Inju
quires the	in signed	ows an
law re	as bee	23 sh
N: The	ficate h	item
YSICIA	s certif	od, or
DING PH	After thi	marke
ATTEN	CTOR	28 is
L OR	OIRE	Item
SPITA	NERAL	NT: II
HE HO	문문	ORTA
10	2	IMP I

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPARTI	MENT OF I	EALTH AND	MENTAL	HYGIEN REG. NO.	E		
į	1. DECEDENT'S NAME (First, Middle, Last)	s.le		1111111	JA! E 0.	DEMIN	2. DATE OF	F DEATH DA	y ye	AR	04:11pm
	Elva Mae Messic		ACC (h hod	Atman 1	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	22,		~	CE (State or Foreign
į	216-18-7819  9a. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	AGE (In yrs. lest	YRS.	ONTHS DAYS	HOURS MIN.	March	Day, Year)	1905	Mary.	land
TOR	North Arunde		Burnie			Anne					
DIRECTOR	10a. STATE 10b. COUNTY				en Bur						. INSIDE CITY LIMITS? YES 2 \( \overline{\chi} \) NO
FUNERAL	100. STREET AND NUMBER 230 St. James Drive 21061								10g. CITIZEN	OF WHAT	
B	11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced  12. WAS DECEMBENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuber 1 YES 2 NO NO NOT NOT NOT NOT NOT NOT NOT NOT N						n, Puerto Ric			Black, Wh	American Indian, lita, atc. White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) NONE	16a, DEC (GA Mo.	e kind of wo Do NOT use	sual occupation of done during in retired.)	ON ost of working	16b. K	Own	Homo	RY	
E COM	17. FATHER'S NAME (First, Middle, Last)  George Speake			Home	- Maker	Jeane	ME (First, Mic	ddle, Maiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) William L. Messic		0.000			and Number or Rural	Route Number	r, City or Tow	n, State, Zip Co		5
	20b. PLACE OF DISPOSITION (Name of cometery, cremetery or other piece)  20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State									State	
	21. SIGNATURE OF HONERAL SERVICE LIC	ENSEE //	resm		22. NAME	ond Ave.	S.W.	nglet Glen	on Fun Burni	eral	Home D. 21061
	23. PART I. Enter the diseases, or c shock, or heart failure.	List only one cause	e on each line.						iratory srrest	,	Approximats Interval Between Onset and Desth
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Desth  Onset and Desth  Onset and Desth  Onset and Desth										
N O	Sequentially list conditions,		trial or as a consecutive	HENCE OF							
ERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	۵(	OVO P	av	7	Auten	7	Disa	easi		
ERTIF	that initiated events resulting in death) LAST	d	M AS A CONSEC	OENGE OF):							
MEDICAL C	PART II. Other significant condition	Die Le	leath but not n	A E	the underlying 2 (1) tu	ng cause given in		24a. WAS AMPERFO	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heck only one	)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3,	DOA	OTHER: 4 - Nursing He	me 5 Residence	6 🗆 Other	(Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?  M 1 YES 2 NO				28d. DESC	28d. DESCRIBE HOW INJURY OCCUREO				
TED	3 Suicide 6 Could not be 4 Homicide datermined		INJURY — At he tc. (Specify)	me, ferm, st	reet, factory, of	Ice	281. LOGA City o	TION (Street Fown, State	and Number or )	Rural Rout	Number,
OMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of m									nd menner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	"lan"	Dow.	m	1 M	29c. LICENSE N	38	(	29d. DATE S	IGNED (N	23/90
1 =	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLS	E OF DEATH STE	M 27) (Time	Orint						

Park Md 21146

Robinson Landing Rd,

53

M.D.

Jonathan Forman,

31. DATE FILED (Month, Day, Year)
MAY 24 1990

Severna

ars after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
ITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

		FOR 1 - STATE REGISTRAR		STATE OF N	IARYLAI	D / DEPAR					MENTAL	HYGIEN			
		1. DECEOENT'S NAME (First,	Middle, Last)			-		-				OF DEATH		MEAG	3. TIME OF DEATH
1		LAWRENCE	E.	NULL	_						MAY	22		90	9:30 a.m
,		4. SOCIAL SECURITY NUMB		5. SEX		yrs. leat birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	(Month	DE BIRTH Day, Year)	. 1	Count	
pin		214-54-7		1 M 2 F	40	YRS.	05 CTTV 7	704401	B LOCATI	ON 05 01		22-19	949 9c. COUNT		Virginia
3 should	œ	96. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY													RE CITY
1, 2,	ВЕСТО	RESIDENCE OF DECEDENT  10s. STATE 10s. COUNTY 10s. CITY, TOWN OR LOCATION 10d. INSIDE CITY													
permit. Pages	RE		10b. COUNTY	,											10d. INSIDE CITY LIMITS?
ii.	0	Md .  100. STREET AND NUMBER					Balt	_	re zip coo	F			10a CITIZ	EN OF I	1 😾 YES 2 □ NO WHAT COUNTRY?
	FUNERAL	2933 Erd	lman /	Ave.				"			213				S.A.
physician. burlal-transit	N	11. MARITAL STATUS		12. WAS DECEDEN						OF HISPAN	NIC ORIGIN	? (Specify Yes	or No-	14. RACI	E — American Indian, k, Whits, etc.
g phy e buri	BY F	1. Never Married 2 1 1 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2		FORCES? 1 IF YES, GIVE W	AR OR DATE	ES				Specify	in, Puerto F y:	ncan, etc.)		Spec	1
as the	EDE		EDENT'S EDUC	Vietz		Mar 6a. DECEDENT'S	USUAL OCC	LIPATIO	N .		166	KIND OF BU	SINESS/INDI	ISTRY	· · · · · · · · · · · · · · · · · · ·
or ath	<u> </u>		y highest grade			(Give kind of life. Do NOT u	work done du			ng					
the hospital o detached for once.	AP.	8th				Ca	rpen	ter	•			Cor	ıstru	ct:	ion
detac detac	COMPL	17. FATHER'S NAME (First, M							.lii			liddle, Maiden	,		
ed by uid be	BE	19a, INFORMANT'S NAME (7		W. Nul	<u> </u>	T						Sue :			
5 should notified	2	The state of the s	,,	Null								T+			1212
ay be		Mrs. Teresa L. Null 2933 Erdman Ave. Balto., Md. 21213  206. METHOD OF DISPOSITION (Name of completely, cremetory or 206. LOCATION — City or Town, state													
after death. Page 6 may be by the funeral director, page imoval.		1 Donation 5 Other		oval from State	_   "	other place)	klaw	a C	eme	tery	V	F	Balto		Md.
death. Pag tuneral dir i. examiner		21, SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE						SS OF FA					
e fune al.		Hartley Miller Funeral Home 7527 Harford Rd. Balto. Md. 21234													
Nours after death. Page 6 may be retained by the hospital or attending physician bd in by the funeral director, page 5 should be detached for use as the burlal-tran or removal.  medical examiner must be notified at once.		23. PART I. Enter the diseases, or compilections that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.													
filled in toons on or re-		IMMEDIATE CAUSE /Finel Onset and Death													
2 20	1	disease or condition	<b>→</b> .	· LU	ing Cancer						101/1/2-				
B 2 2 8				DUE TO	(OH AS A	ONSEQUENCE O	IF):								₩
	ERTIFICATION	Sequentisity itst condit		b. DUE TO	(OR AS A C	ONSEQUENCE O	IF):					-			
T D X at	CA	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	с											
sertifical ling phy ygiene p	H	that initiated events resulting in deeth) LAS		DUE TO	(OR AS A C	ONSEQUENCE O	F):								
he death certific the attending ph Mental Hygiene njury, or othe	CER			d											
	A.	PART II. Other significa	ant condition	s contributing to	deeth but	not resulting	in the und	erlying	cause	given in	Part i.	24a. WAS AN		24	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
requires that the een signed by the of Health and shows any In	EDIC										- 1	1 🗆 YES	No.		OF DEATH?
w requires been sign of, of Heal	ME										- 1	-	,		1 TYES 2 NO
bas be Dept.	AN	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF I	DEATH (C)	neck only or	10)			
SICIAN: The lancertificate has the State Dept. or Item 2:	SICIAN	EXAMINER?		HOSPITAL:	ER/Outpat	ient 3 🗆 DOA	OTHER:								
S certification the the	ΞI	27. MANNER OF DEATH		28s. DATE OF (Month, E	INJURY	28b. TH		28c. INJ	URY AT		_	CRIBE HOW	INJURY OCC	URED	
DING PHYS After this c death with s marked,	ву Р	Natural 5  2 Accident	Pending Investigation	(Month, L	dy, roszy		M		YES 2	NO NO					
ENOIN IR: Aft ter de:	ED	3 Cudetele	Could not be determined		of INJURY -	At home, farm,	street, factor	ry, offic	•			ATION (Street or Yown, State		or Rumi	Route Number,
L OR ATTENDING F DIRECTOR: After the hours after death	<u> </u>	200 CERTIFIED													
	COMPL	(Check only		GIAN: To the best of											s) and manner as stated.
HOSPITAL FUNERAL within 72	8				Auto i	oracor arreatigat	on, at my op					and place, a			
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: I	BE	296. SIGNATURE AND TITLE OF CERTIFIER							290, LR	ZENSE NU	UMBER 29d. D			7	(Month, Day, Year)
F	임	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAU	SE OF DEAT	TH (ITEM 27) (Typ	e, Print)							/	-11
		13 rad 5	heivi	11	JHI	4									
		31. DATE FILEO	44 199	32. REGISTRA	D'S SIGNAT	Mandell									
		Olori.	10 100	1/											

\*

1.0

5

5

フィック

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flower after death. Page 6 may be retained by the hospital or attending physician.  TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
--	--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
	2 DATE OF DEATH

	1 - FOR STATE REGISTRAR	OF MARYLAND			HEALTH AN	D MEI	NTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) ROY Clayton	PA	PARSONS 2. DATE OF MAY MAY				DATE OF DEATH	2, 199	3. TIME OF DEATH 10:55A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 171 ~ 10 ~ 3693 1XXM 2			F UNDER 1 YEAR AONTHS DAYS			OATE OF BIRTH (Month, Day, Your) 13-1904	RAZ	THPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give street and num FRANKLIN SQUARE HOSPI RESIDENCE OF DECEDENT				OR LOCATION O				Baltimore		
DIRECTOR	108. STATE 10b. COUNTY  MARYLAND BALTIN	 IORE	10c. CITY, TOWN OR LOCATION  DUNDALK					10d. INSIDE CITY LIMITS? 1  YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2329 SEARLES ROAD				101. ZIP CODE 212	222		10g. CITIZEN O	U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Merried 17. WAS DIFFORCE 18 YES.	ECEDENT EVER IN U.S. / S? 1 TYES 2 (X GIVE WAR OR DATES	PMED AO	If yes,	ECENOENT OF NI specify Cuben, Me ES 2 NO S	exicen, Pu	ORIGIN? (Specify Yes uarto Rican, etc.)	11.53	ACE — American Indian, lack, White, etc. Decity: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8TH GRADE  N/A		(Give kind of wo ife. Do NOT use	ISUAL OCCUPA ork done during retired.)	TION most of working		16b, KIND OF BUS	INESS/INDUSTRY	·		
BE COM	17. FATNER'S NAME (First, Middle, Last) GEORGE P. PARSONS				WIN	IA EI	First, Middle, Maiden :	1,1-1,1-1			
10	190. INFORMANT'S NAME (Type/Print)  LORNE HASTINGS		41 E	ASTSHI	ROAD	BAL	TIMORE, N	IARYLAN1	21222		
	200. METHOD OF DISPOSITION  1X) Quirlel 2 Cremetion 3 Ramoval from Stata  4 Donation 5 Other (Specify)  200. PLACE OF DISPOSITION (Name of cemetary, cremetory or OAK LAWN CEMETERY 5-25-1990  BALTIMORE, MARYLAND										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	udie					RALHOME C UE DUNDAI		ALK, INC. 21222		
PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only of immediate cause conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE. (Ricease or indure.)	One cause on each Hononia Due to (or as a cons Conjestive Oue to (or as a cons						ratory arrest,	Approximate interval Between Onset and Death		
IL CERT	PART II. Other aignificant conditions contribu	ting to death but no	t resulting in	n tha underly	ring cause give	n in Par			24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO		
: MEDICA							PERFOR		AWRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1	AL:	3 🗆 004	OTHER:	PLACE OF DEATI						
ву РНУ	27, MANNER OF OEATN 28a.	DATE OF INJURY Month, Day, Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	28	Bd. DESCRIBE NOW II	NJURY OCCURE			
	3 Suicide 26n.	PLACE OF INJURY — At building, atc. (Specify)				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the description on the base of								se(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  SOME REPUBLICANO				29c. LICENSI		R		NED (Month, Day, Year) 22, 1990		
	30. NAME AND ADDRESS OF PERSON WHO COMPLET Dr. Lapidus 9000	Franklin S	quare		Baltim	ore,	MD 212	37			
	31. DATE FILED (Mornth, Day, Year)  32. R MAY 2 4 1990 Julia Fair	EGISTRAR'S SIGNATURI	E								

. .

.

1 1

1.5

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		NTAL HYGIEN	E		
1	1. DECEDENT'S NAME (First, Middle, Last) WALTER A	PHILLIPS	Walter A		:ki 2.	DATE OF DEATH 5	/23/9	3. TIME OF DEATH 2:25A	
		1 12 m 2 🗆 F 85	(In you lest birthday)	# UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Moreth, Day, Year) / 4 125 103	25/05	IRTHPLACE (State or Foreign ountry) Maryland	
OR	OB. FACILITY NAME CHURCH HOSE  CHURCH HOSE		,				BANTIMORE TIMORE		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10d. INSIDE CITY						
	MD .  100. STREET AND NUMBER	466			ORE CITY		10g. CITIZEN	YES 2 NO	
FUNERAL	2234 BANK ST.				21231			S.A.	
BY FUN	11, MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2. NO	If yes, s	cendent of Hispanic operity Cuban, Mexican, P. 3. 2 NO Specify:			RACE — American Indian, Black, White, atc. Specify: White	
TED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATI work done during m	ON osl of working	16b. KINO OF BUS	SINESS/INDUSTI	RY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	Print			Prin	ting		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Anthony Figins	ki			16. MOTHER'S NAME Martha	(Unk.)			
5	19a. INFORMANT'S NAME (Type/Print) Estelle(Stephanie	) Phillips			and Number or Rural Rout Baltimore			0)	
	20s, METHOD OF DISPOSITION  1 W Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	t. Stanis	SITION (Name of ce	metery, cremetory or	CATION — City	or Town, State Maryland		
	21. BIGHATUMS OF FUNERAL SETVICE LI		4.)	Georg	ME AND ADDRESS OF FACILITY Orge A. Weber & Sons Inc. S. Ann St. Balto. Md. 21231				
	23. PART I. Enter the diseases, or		d the deeth. Do r					Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	SMAI SMAI			STEUCT 10	N		Onset and Death	
z	Construction that are distance.	· REN	AL FA	ILURE	RENAL	FAILUR	E		
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	SEP 9	A CONSEQUENCE O	n: SEPSIS	5				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE O	F):					
	PART II. Other significant condition	ns contributing to death i	but not resulting	in the underlyle	ng cause given in Pa	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
MEDICAL						_ 1	XI-HO	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LIOSDIXAL.			PLACE OF DEATH (Check	only one)			
PHYSICIAN:	1 YES 2 FATO 27, MANNER OF OEATH	1 Dimpetient 2 ER/Out	tpatient 3 DOA		me 5 Realdence 6	Other (Specify)	NJURY OCCURE	50	
ву р	1 Totural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY W	YES 2 NO				
	3 Suicide S Could not be 4 Homicide determined	28e, PLACE OF INJUR building, atc. (Spe		street, factory, off	ice 2	Bf. LOCATION (Street City or Town, State)		urai Houte Number,	
COMPLETED	(Check only	SICIAN: To the best of my knowners. On the bests of examination	-					use(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	I Hospital	Phypua	n	29c. LICENSE NUMBE	-		QNED (Month, Day, Year)	
Ė.	30. NAME AND ADDRESS OF PERSON W	LAMB CH	EATH (ITEM 27) (Type	Print) DR.	TERANCE AL 13A	LAMB, M	MD		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	CHUI	KCH HOSPI	TAL			
	MAY 24 1990 AS	a Bundrey hands	- L					OHMH-16 Rev 1/89	

11111 06

•

FOR STATE REGISTRAR

1 -

⋖	8
BA	after
	NOURS
	24
o,	within
1314	executed
×	28
O. BO	certificate
٣.	death
S	the
H	that
ECO	requires
1	WE
Ā	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ACSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de
/ISION	ATTENDING
$\leq$	B
	HOSPITAL

ſ		1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
		Howard		$H_{ullet}$	R	eason				Ma		, 19	90	8:25 A M
		4. SOCIAL SECURITY NUMB		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In )	rs. last birthday) YRS.	MONTHS	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH Day, Year) 8-14		8. BIRTH Country	PLACE (State or Foreign
3 should	1	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CI	TY, TOWN	OR LOCATION OF DE	<u> </u>	0.11	9c. COUN	TY OF D	EATH
	TOR	Maryland		ral Hos	pita	1	Ва	1tim	ore Cit	у				
Sages .	DIRECTOR	10a. STATE	10b. COUNTY	1				IMOF	RE, MD.					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
nsit permi	FUNERAL	7 38 RESE		STREET				10	21217			10g. CITIZ		VHAT COUNTRY?
use as the buriar-transit permit. Pages 1, 2,	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	☐ YES	2 X NO	1;	If yea, sp	CENDENT OF HISPAN secify Cuban, Mexica 3 2 NO Specify	in, Puerto F	? (Specify Yee lican, atc.)	or No—	Black	- American Indian, i, White, etc. by: BLACK
<u> </u>	COMPLETED	15. DEC (Specify only Elemantary/Secondary (C 11th GRAI		CATION completed) College (1-4 or 5		Ilfe. Do NOT	work don use retired	ne during me	ost of working	16b.	KIND OF BUS	SINESS/INDU	JSTRY	
page 5 should be detached be notified at once.	ш	17. FATHER'S NAME (First, M JAMES RI	FASON		,				18. MOTHER'S NA		STOK			
ge 5 should e notified	TO B		BOSTI	СК		73	B R	RESER	and Number or Rural $VOIR\ ST$ .		ALTO	, MD	. 2	
mus!		20a. METHOD OF DISPOSIT  X□XBurial 2 □ Crematic  4 □ Donation 5 □ Other	on 3 🗆 Rem	oval from Stata	20b. P	ESTER	NOITIEC S N		metery, cremetory or CEMETER	Υ		TONS		LE, MD.
e runeral dir I. examiner		21, SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE					ND ADDRESS OF FA		. 11	0.1 =	*1	00.711 445
a ai		23. PART i. Enter the d	a de c	o W c	t caused t	be death. Do								ORTH AVE.
noing physician and completely med in by the Hygiene prior to burial, cremation, or removal. or other traumatic event, the medical e			aart faliura. nai	a. Acute	Resp	h ilna.	ry							intarvai Batween Onset and Death
burial, c	NO	Sequantially list condit	ions,	<sub>b.</sub> Pulmor	nary		cu1	osis	s, as pe	er h	istor	у.		
e prior to	CATI	If any, leading to imme cause, Entar UNDERLY CAUSE (Disease or inju	ING	c		ONSEQUENCE								
attending attack that the state of the state	CERTIFICATION	that initiated events resulting in death) LAS	вт	d	(011 / 10 / 10	ONSEGUENCE	O1 ).							
een signed by the attending physician and completely me of Health and Mental Hygiene prior to burial, cremation, shows any Inijury, or other traumatic event, the	MEDICAL	PART ii. Other significa	ant condition	ns contributing to	death but	not resulting	in tha	undariyir	ng cause given in	Part i.	24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 **X** YES 2 \( \sum \) NO
as bee Sept. o 23 sh	Z.			1										
State Dept.	SICI/	25. WAS CASE REFERRED T EXAMINER? 1 ☐ YES 2 ☆ NO	O MEDICAL	HOSPITAL:	ER/Outpat	lent 3 🗆 DOA	ОТН	ER:	me 5 - Residence					
eath with the marked, or	BY PHYSICIAN:	27. MANNER OF DEATH  1  Netural 5	Pending Investigation	28a. DATE Of (Month, L	INJURY	28b. T	IME OF NJURY M	28c. IN	JURY AT ORK? YES 2 NO	T	CRIBE HOW	INJURY OCC	CURED	
after d	0	2 Accident 3 Suicide 8 Homicide	Could not be determined		OF INJURY - etc. (Specify	- At home, term	ı, street, f	factory, offi	ce		ATION (Street or Town, State)		or Rural i	Route Number,
로 의 도	COMPLET	cont only		ICIAN: To the best of										e) and manner as stated.
TO THE FUNER be filed within IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE	E OF CERTIFIE	Hay	ei, r	us			DOZ			29d. DATE	SIGNED	(Month, Day, Year)
9	F	30. NAME AND ADDRESS O		O COMPLETED CAU	SE OF DEAT	. ,		Mary.	land Gene	eral	Hospit	tal		
/		31. DATE BLED (Month, Day, MAY 2 4	1990	32. REGISTR	AR'S SIGNAT	andelle								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAR			EALTH AND N	MENTA	AL HYGIENI REG. NO.	E		
1	1. DECEDENT'S NAME (First,	Middle, Last)	4 4		-					E OF OEATH		EAR	3. TIME OF DEATH
	buth	RIY	ehourd	Son	)				MON	2-		C	81 40 Au
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH			PLACE (State or Foreign
	216 20 867	72	1 🗆 M 2 💢 F	64	YRS.	MONTHS	DATS	MOONS WIN.	17,	715725		MC	
	9a. FACILITY NAME (If not in							R LOCATION OF OE	ATH		9c. COUNTY	OF DE	EATH
6	University	HOST	oital			Ba	alti	more					
DIRECTOR	104 STATE Md.	10b. COUNTY				ry, TOWN C							10d. INSIDE CITY LIMITS? 1 ZYES 2 NO
	10e. STREET AND NUMBER						101	ZIP CODE	-				HAT COUNTRY?
FUNERAL	3207 Massa	achus	etts					2122	9			U.S	5.A.
5	11. MARITAL STATUS		12. WAS DECEOE!					ENDENT OF HISPAN			or No- 14	. RACE	— American Indian, , White, atc.
BY F	1 Never Married 2 3 Divo		FORCES?				YES	2 NO Specify	y:	o rucan, etc.)		Specif	ly:
							0015071		Las	Sb. KIND OF BUS			ack
	(Specify onl	EDENT'S EDU y highest grade	completed)		16a. DECEDENT'S (Give kind of life. Do NOT	work done		st of working	16	SB. KIND OF BUS	NINESS/INDUS	HITT	
ا ۳	Elamantary/Secondary (0	0-12)	College (1-4 or 5		Seamst	res	S			Clothi	ing		
COMPLETED	17. FATHER'S NAME (First, M	ficidle, Last)						18. MOTHER'S NA	ME (First	, Middle, Malden	Surname)		- 77
	Charles A	lston						Mari	е	Foster	r		
B	19a. INFORMANT'S NAME (	Type/Print)						and Number or Rural I					41 21220
2	John E. R	ichar	dson		320	)7 M	ass	achuset	ts				
	20e. METHOD OF DISPOSIT	on 3 🗆 Rem	ioval from State		PLACE OF DISPO other place) .rbutus		ime of cei	metery, crematory or			alto.		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			22. T	NAME A	ND ADDRESS OF FA	CILITY	n & S(	าทร	_	
	· Xax	nes	a.M	lorte	N	1	701	Lauren	s S	St. Ba	lto.,	Mo	d. 21217
	23. PART I. Enter the d		complications th										Approximete interval Between
- 1	IMMEDIATE CAUSE (FI		and the same										Onset and Deeth
	disease or condition resulting in death)	$\rightarrow$	. CN	Si	nsu 1	+							
			DUE TO	OR AS A	CONSEQUENCE	OF):	0		ſ.,				
S	Sequentially list condi-	tions,		MOUN	CONSEQUENCE		2	to	L Or	uma			
CERTIFICATION	if any, leeding to imme ceuse. Enter UNDERLY		V DOL IV	Z (OIT NO A	opilozoociloz	J. J.							
잂	CAUSE (Disease or Injuthat Initiated events	ury	DUE TO	OR AS A	CONSEQUENCE	OF):		-					
FI	resulting in deeth) LAS	ST	d										
	PART II. Other signific	ent conditio	ns contributing t	o deeth bu	rt not resulting	In the u	nderiyin	g ceuse given in	Part I.	24e, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
CAL			_							PERFOR			AVAILABLE PRIDE TO COMPLETION OF CAUSE
										1			OF DEATH?
2												1	7.6
¥.	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF OEATH (C/	heck only	one)			
Si	1 YES 2 NO		HOSPITAL:	☐ ER/Outpe	ntient 3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 Residence					
PHYSICIAN: MEDIC	27. MÁNNER OF OEATH	Pending	28a. DATE C (Month,	Day, Ybar)	28b. T	ME OF	W	JURY AT DRK?	28d. [	DESCRIBE HOW	1	DIED	^
BY	2 Accident	Investigation		2/90	- At home, farm	/} M	1 🗆	7	<u>'</u>	OCATION (Street	'	- 1	
	3 Suicide 8 4 Homicide	Could not be determined		g, etc. (Speci		, street, 184	nory, orn		2-	lity or Town, State	recn.	-	
喜	29a. CERTIFIER 1 CEF				Carrier and Carrier Control								1
COMPLETED	(Check only		SICIAN: To the best IER: On the basis of										a) and manner as stated.
	29b. SIGNATAME AND TUTL			_	•			29c. LICENSE NU					O (Month, Day, Year)
86			( Mb	in	mn			037		>	•	_ /	22/90
2	NAME AND ADDRESS O	OF PERSON W		USE OF OE	TH (ITEM 27) (%	pe. Print)		3 /	9				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year) SAAY (240 1990

32 REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

21201

01101 00

1051

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNEALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burial, commanding, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	( Con manufacture		ICATE OF	DEATH	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	DAN	19			2. DATE OF DEATH MONTH 5/20/		3. TIME OF DEATH
		M 2 □ F 61	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/1/29		BIRTHPLACE (State or Foreign Country) N.C.
lon BO	9e. FACILITY NAME (II not institution, give street and Sinai	d number)			imore	ATH	9c. COUNTY	OF DEATH
DIRECTOR	106. STATE 106. COUNTY			y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6504 Eberle Dr.	Apt. 303		10	21215		1200	OF WHAT COUNTRY?
B		MAS DECEDENT EVER IN U.S. ORCES? 1 YES 2 FYES, GIVE WAR OR DATES		If yes, sp		IC ORIGIN? (Specify Yee 1, Puerto Rican, etc.)		RACE — Americen Indien, Bleck, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12)  Collete	ege (1-4 or 5+)	(Give kind of a	usual occupate work done during me se retired.)	st of working	16b. KIND OF BUS	ernmei	
MO	17. FATHER'S NAME (First, Middle, Last)		rosta	T CIEL	T	ME (First, Middle, Meiden		10
BE C	David Sheri	ldan	10b MARING	ADDRESS (Street	Do	ra Noute Number, City or Tow	Andre	
2	Zenesta Dheri					Balto.,		
	20e. METHOD OF DISPOSITION  To Buriel 2 Cremation 3 Removal fro  4 Donation 5 Other (Specify)	20b. PLA	VCE OF DISPOS		metery, crematory or	20c. LO		or Town, State
	21. SOMETURE OF FUNERAL SERVICE LICENSEE		Galli			orton &		, Ma.
	James a. VI	rotan						., Md. 21217
	23. ART i. Entar the diseases, or compliance, or heart failure. List or	ications that caused the	daath. Do i	not enter the me	de of dying, suc	n es cerdiac or resp	iratory arrest	, Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)		mo No	ARY	EMB	OLISM	)	Onset and Death
NO	Sequentielly list conditions, b	Myoc	ARD	TAL L	NFAR			
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM			LINF	ARCTI	ON	
CERTI	resulting in death) LAST							
DICAL	PART II. Other eignificent conditions con	TORY				Part I. 24a. WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	TE SHIKH	1027		meu	A.C.	1 D YES	⊇ □ NO	OF DEATH?
ä			_					
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. P OTHER:	LACE OF DEATH (Ch	eck only one)		
1YS		Appatient 2 - ER/Outpatien 28e, DATE OF INJURY	28b. TIN	4 - Nursing Hor	ne 5 - Residence		M RIMY OCCUR	50
BY PF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJUNY OCCUR	EU
8	T COOL	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm,	street, factory, offi	De .	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	(Oriock Oriny	To the best of my knowledge the basis of examination and						ause(e) end manner ee stated.
BE	29b. SIGNATUBE AND TITLE OF CERTIFIER	mb 20	07-1	/	29c. LICENSE NUI	ABER	29d, DATE SI	IGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF DEATH	(ITEM 27) AIN	Print)				
	31. DATE FMAY 1004 1090	32/ REGISTRAN'S SIGNAND	Endalla					

= 5

. .

Contract of the Contract

a set of garages and

A 7

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be filled within 17 bunished be the attending to the analysis of the bunial tygine prior to bunial, cremation. To removal.	I. II IIGII 60 la ligared, of Moli 60 shows only injury, or control of the molitary of the mol
--	--

	FOR 1 - STATE REGISTRAR	STATE OF MARY			MENT OF H		MENTAL HYGIE		e - 4	• •
į.	1. DECEDENT'S NAME (First, Middle, Last)	11					2. DATE OF OEATH			3. TIME OF DEATH
ı	EVELYN MAE STOUT	ľ					05 - 17	- 1990	YEAR	4:45 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest b	//	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			LACE (State or Foreign
i	277246271	1 🗆 M 2 💢 F	60	YRS.	ONTHS DAYS	HOURS MIN.	Oct.13,19	929	Ohio	
	9a. FACILITY NAME (If not institution, give str	reet and number)		9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUN	TY OF OE	ATH
DIRECTOR	SACRED HEART HOS					perland_		ALLE		COUNTY
DIRE	WV Min	eral			town or locat /Ser	ION				IOd. INSIDE CITY LIMITS? I YES 2 1/2 NO
	10e. STREET AND NUMBER	_				ZIP CODE		10g, CITIZ		IAT COUNTRY?
E	Rt. 8 Box 678					26726		U.5	5.A.	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 XMarried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO		If yea, spe		IIC ORIGIN? (Specify Y n, Puerto Ricen, etc.)	na or No—	14. RACE - Black, Specify	American Indian, White, etc. White
					1		Harrison III		Lab France	MILLCE
	15. DECEOENT'S EDUC (Specify only highest grade	completed)	16a, OECE (Give	kind of wor	SUAL OCCUPATION  rk done during mostred.)	IN st of working	18b. KIND OF B	USINESS/INOL	STRY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)			ssistar		Nurci	ng Hon	200	
W	17. FATHER'S NAME (First, Middle, Last)		11021	300 1	INOCIOCAL		ME (First, Middle, Maide		IIC .	
	Hoy Grubaugh						Stella	Thar	,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street a	~	Route Number, City or R		_	
2	ArlinK. Stout		I	Rt. 8	Box 6	78, Keys	ser, WV 2	6726		
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remo	wet from State	20b. PLACE Of	F DISPOSIT		netery, crematory or	20c. L	ocation - o		n, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		J			ID ADDRESS OF FA		) DOL /	***	
	Harred Des	noter	gen)				Kenzie Fun al St., K			26726
	23. PART i. Enter the disesses, or c shock, or heart feilure.			th. Do no	t snter ths mo	ds of dying, suc	h as cardiec or ree	piratory erre	est,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	aci		an	oxi	En	cephal	lexa	21	Onset and Death
	resulting in death)	DUE TO (OR A	S A CONSEQU	ENCE OF):	- 1	1 -				
Z	Sequentielly list conditions,	mul	rype	4 5	no	e				
CERTIFICATION	if any, leading to immediate	DUS TO (OR A	S A CONSEOU	ENCE OF):	100 7	rad Va	lino			
걸	CAUSE (Disease or injury	OUE TO (OR A	S A CONSEGU	IENCE OF	mi	tes or		·		
	thet initiated events recuiting in deeth) LAST	00E 10 (011 A	D A CONSECC	TENCE OF ).						İ
問		d								
7	PART ii. Other eignificent condition  Durates	s contributing to deet	h but not re	euiting in	the underlying	g ceuee given in		N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC										1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C)	neck only one)			
Si	1 TYES TO NO	Inpatient 2 ER/C	Outpatient 3		OTHER: 4  Nursing Horr	e 5 🗆 Rasidence	6 🗌 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	(Month, Day, Yes		28b. TIME INJUI	RY WC	PK?	28d. DESCRIBE HOV	INJURY OCC	UREO	
ВУ	Natural 5 Pending 2 Accident Investigation					YES 2 NO				
<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (\$		e, farm, str	reet, factory, offic	•	26f. LOCATION (Stree City or Town, Ste		or Rural Ro	oute Number,
COMPLET	CONSCR ONLY	CIAN: To the best of my ku								and manner ea stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER	7-0			40	29c. LICENSE NU	MBER	29d, DATI	SIGNED	(Month, Day, Year)
BE	9/7/	magg	roce	01	20	071	7/35	1 4	-1	9-97
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	OEATH (ITEM	27) (Туре, Р	Print)				,	
	Dr. Victor E. Ma	zzocco 912	2 Setor	Dri	ve, Cum	berland.	Maryland	21502		
	31. DATUTE LEV (Mornin, Day, Vanc)	# 32. REGISTRAR'S S	IGNATURE	A 1-111-1	- Juli		and the second s	11222222		
	~ - 1330	pre Devidson	-Handell							

32. REGISTRAR'S SIGNATURE

TILL TO THE TOTAL CONTROL OF THE TOTAL OF TH

00 00100

BALTIMORE, MARYLAND 21203-3146

be med writin as nown after ceam with the state Lept. or freating and mental rivgiene prior to burnal, cremation, or removal. TITEMS: 235t1 BORT 2 per ME G-667 9-6-90 CM IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ITEMS:23 thru 28f per ME G-664 6-8-90 cm

007 0 0 00 0111		
FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STATE	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF I	CI				DEAT		MENIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATN
	Brett	N .	Wa	shin	gton				5-1	L8-90			6:05PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE ( (Month)	Dey, Year)		6. BIRTH Countr	IPLACE (State or Foreign y)
	217-68-3445	1√M 2 □ F	36	YRS.		6997			5-1	8-54			MD.
_	9a. FACILITY NAME (If not institution, give st						OR LOCATIO				9c. COU	NTY OF D	EATN
DIRECTOR	420 E. North A	Avenue			В	altı	more	Cit	<u>Y</u>				
ច្ច	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	DR LOCAT	TION						10d. INSIDE CITY
#	MD.			BA	LTI	MOR	E, M	D.					LIMITS?
	10e. STREET AND NUMBER			1		101	. ZIP CODI	Ē		-	10g. CI1	IZEN OF	WHAT COUNTRY?
FUNERAL	1007 E. BELV	EDERE	AVE.				212	12				USA	
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AF	RMEO					NIC ORIGIN	? (Specify Ye	s or No—	14. RACI	E — American Indian, k, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES				2 NO			,		Spec	"Y" BLACK
	15. DECEDENT'S EDU	CATRON	16a DI	ECEDENT'S	LISUAL O	CCLIPATIO	ON		T 18h	KIND OF BU	SINESS/IN		
	(Specify only highest grade	completed)	(0		work done	during mo	ast of working	g					
2	Elamentary/Secondary (0-12)	2 VRS	**						S	HERW	IN	WIL	LIAMS
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, A	liddle, Malden	Sumame)		
BE C	EDGAR WASHII	NGTON					SAN	ANTI	HA	Н	OWAF	R D	
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street	and Number	or Rural	Route Numb	er, City or Tow			
F	BRENDA WASH	INGTON					LVED		$ST_{a}$ .	- , R	ALIC	) M	n 21212
	20a, METNOD OF DISPOSITION 1 A Burial 2 Cremetton 3 Rem	ovat from Stata	20b. PLACE 9(195.0				metery, crem		D V		RBUT		
	4 □ Donation 5 □ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIG			0010			ND ADDRE				1,001	05,	110.
	21. SIGNATURE OF FUNERAL SERVICE LIN				1								
- }	Kladie	We	men		W	M.C	. MA	RCH	F.H	. 11	01 E	. N	ORTH AVE.
	23. PART I. Enter the diseeses, or shock, or heart failure.				not ente	r the mo	ods of dy	ing, suc	ch es card	liec or resp	piratory s	rrest,	Approximats Interval Between
	iMMEDIATE CAUSE (Fine)	NARCOTI	C AND E	THAN	OL, IN	XOT!	IÇATI	QN_	T 3 2011/	NIT () N ()	TAO T		Onset and Death
	resulting in death)	S. OUE T	O (OR AS A CONSE	EQUIENCE (	AND I VILL		LILL	TAOP	11/11	<i>//</i> 14-/11	ION		
		00E 1	o (on As A consi	EODENCE	Jej.								İ
PHYSICIAN: MEDICAL CERTIFICATION	Sequentleily list conditions, if any, leeding to immediate	bDUE TO	O (OR AS A CONSE	EOUENCE (	OF):								
CAT	csuse. Enter UNDERLYING	C											
Ë	CAUSE (Disease or Injury that initiated events	DUE T	O (OR AS A CONSE	EQUENCE (	OF):								
E	resulting in deeth) LAST	d											
C	PART II. Other significent condition	ns contributing t	o deeth but not	resulting	In the u	ınderlyir	ng ceuee	given In	Part I.	24a. WAS A		24	b. WERE AUTOPSY FINDINGS
2	COCAIN ABUSE									XXX YES	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ē			_										XXXYES 2 NO
≥ :													
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11 may 12 m					PLACE OF I	DEATH (C	heck only o	ne)			
SIC	XXYES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 □ N	ER: ursing No	me 5XX	iesidenca	6 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH		Day, Year)	28b. Ti	ME OF	W	JURY AT			SCRIBE HOW	INJURY O	CCUREO	
BY	1 Natural 5 Pending 2 Accident Investigation		8-90		М			⊠ NO	-	KNOWN			C. A. Wb
	3 Suicide 6 Could not be	bulidin	of injury — At I g, atc. (Specify)	home, farm	, street, fa	ctory, off	ice		City	or Town, Stat	W 420	E N	ORTH AVENUE
E	An- CERTIFIED	HOM								TIMOF		- 11-0	AND
MPL	(Check only												(a) and manner as stated
COMPLETED	XX AMEDICAL EXAMIN		examination and/o	vestiga	, III My	opinori,				unrul primum, i			(s) and menner as stated.
BE	29b SIGNATURE AND SIZE OF CERTIFIE	. Д					29c. LIC	ENSE NU	IMBER CME		29d. D.		5–19–90
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETEO CA	USE OF GEATH //T	EM 27) (%	pe. Printi		1						
	James Kaplan,MD			111	Per	ın St	reet	,Bal	ltimo	re,MD	2120	)1	VC
	31. DATE FILEO (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE										
	MAY 24 1990	41 David	son-gandes										

8

.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS? 1 X YES 2 | NO

White

ам

1990 05:30

Delaware

10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, Whita, etc.

9c. COUNTY OF DEATH Talbot

REG. NO.

2. DATE OF DEATH MONTH May

29c. LICENSE NUMBER

JOG Idlewild Are

## MARYLAND 21203-3146

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ROBERT

**PRESTON** 

5	9	NO.	옫
-	8	90	8
ĥ	J. B.	0	7
5	9	8	립
BALLIMORE, M	306	<u>P</u>	5
	0	1	틒
4	ath	une	5
3	9	9 7	8
44	afte	P C	29
	2	9	9
	ĕ	200	E
	74	in in	£
	E	tely	1
å	M.	ple	5
4	De le	al is	8
7	000	무호	퓛
7	8	2 8	E
Š	ğ	ricia	Ē
ň	Sal	e D	6
	P	ng l	등
ب	5	현소	6
7	eat	atte	*
'n	e	Me Me	후
ä	t th	200	=
Ĭ	the state of	20 4	8
ĸ	Sa	ign	2
щ	Š	of H	10
r	×	20	69
L.	6	las Ded	23
4	Ě	te di	E
Ξ	Š	Str	=
>	3	The state	0
+	\$	SI E	00
_	6	5 4	2
Ž	28	Afte	E
2	2	9 9	-50
S	E	5	28
2	æ	E 1	E
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	10	0 4	=
	A	A C	-
	98	NE I	3
	主	H 3	E
	. 芒	王章	2
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has such within 72 hours after death with the State Dent, of Health and Mental Hotiere prior to burida, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no

BE 2

31. DATE FILED (Month,

			*****		•			ria y	_		12201
	4. SOCIAL SECURITY NUMBER 221-22-0073	5. SEX 1 M 2 F	8. AGE (In yrs. less		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, OCt.	F BIRTH Day, Ybar) 17, 19	34	s. BIRTHPL Country) Delawa
CE 1	9a. FACILITY NAME (If not institution, give s 215 S. Hanson Sti					asto	R LOCATION OF DE	ATH			NTY OF DEAT
СТОВ	RESIDENCE OF DECEDENT	eet				asu	711			Idi	bot
l m	10a. STATE 10b. COUNT	Y		10c. CITY	, TOWN O	R LOCAT	ION				10
DIREC	Maryland Ta	lbot		Ea	ston						1
AL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF WHA
E	215 S. Hanson St	reet					21601			Uni	ted S
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES7 1 IF YES, GIVE V			1	f yes, spe	ENDENT OF HISPAN Inclify Cuban, Maxica 2 NO Specifi	n, Puarto Ric			14. RACE — Black, W Specify:
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N et of working	16b. I	KIND OF BU	BINESS/INI	DUSTRY
PLET	Elementary/Secondary (0-12)	College (1-4 or 5-	+) ilfe.		iste		st of working	Me	ethod:	ist (	hurch
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			Surname)	
BE	Preston Whitlock						Lula I				
2	190. INFORMANT'S NAME (Type/Print) Mary Ellen Whitl(	nck	191				nd Number or Rural		ston,		21601
	20a. METHOD OF DISPOSITION	-	20h BLACE		-		netery, crematory or	Las	_		City or Town
	1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State	other pl	ace)						over,	
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- L	pito	22.	NAME AN	OT Y	CILITY	D	JVCI	UL
	► William()  23. PART I. Enter the disesses, pr	mellyz	Mil	2		Torb	ert Fune	eral (			
	shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		use on each line	l.							
<b>LIFICATION</b>	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSE								
CERTIFI	resulting in death) LAST	d									
EDICAL C	PART II. Other significant condition	ns contributing to	desth but not	resulting	in the ur	nderlyln	g ceuse given in	Part I.	24s. WAS AN PERFO	RMED?	24b. W
N. W											1
4	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF DEATH (C	neck only one	)		
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE		ne 8 Rasidence	8 🗆 Other	(Specify)		
PHY	27. MANNER OF DEATH	28a. DATE O		28b. TIM		26c. INJ WC	JURY AT ORK?		CRIBE HOW	INJURY O	CCURED
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE building	OF INJURY — At he, etc. (Specify)	ome, farm,	etreet, fac		YES 2 NO		ATION (Street or Town, State		or or Rural Rou
COMPLET	29a. CERTIFIER Check only one) 2 MEDICAL EXAMIN	The Land of the Land									
8	The state of the s	1		veeligatit	ere, ne my	, ,	DOS LICENSE NU		Preve, a		TE DIONED /
00											TE BIOMED //

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

WHITLOCK

MD 21601 CATION - City or Town, State ver, DE 19901 - Dover, Delaware ratory srrest, Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO NJURY OCCURED and Number or Rural Route Number, 29d, DATE SIGNED (Month Day Year) DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTIVE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 after the first death with the State Dept. of Health and Merital Hyghere prior to build, certaination, or removal.
---

								00 14 [2]	
	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HI CATE OF		MENTAL HYGIEN REG. NO.	E		
	1, DECEDENT'S NAME (First, Middle, Last) ELSA	ANNA	W	ELTT		2. DATE OF DEATH MONTH DA	1990	3. TIME OF DEATH 10:25 A M	
		8. AGE (III	-	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 1,		BIRTHPLACE (State or Foreign Country) New Jersey	
	9a. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
TOH	North ARUNDEL HOS	PITAL		GLEN B	URNIE		ANNE	ARUNDEL	
DIRECTOR	MARYLAND ANNE A	ARUNDEL	111	TOWN OR LOCATE VERN	ON			10d. INSIDE CITY LIMITS?  1  YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101.	21144			S.A.	
2	1517 Florida Ave.	12. WAS DECEDENT EVER IN		13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea		. RACE — American Indien.	
ВУ	1 Never Married 2 Married 3 X Wildowed 4 Divorced	FORCES? 1 YES		If yea, spe		n, Puarto Rican, etc.)		Specity: WHITE	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mos	N at of working	18b. KIND OF BUS	SINESS/INDUS	TRY	
MPLE	Elementary/Secondary (0-12)	NO NO	HOME	MAKER			OWN	HOME	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden HUERLMANN	Surname)		
) BE	ULRICH KAEGI  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar		Route Number, City or Tow	n, State, Zip Co	ode)	
2	DORIS MANZO					VERN. MD 2			
	20a, METHOD OF DISPOSITION  1 CX Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		other place) Fairview					y or Town, State	
	21. SIGNATURE OF DÜNERAL SERVICE LICEN	3 Umoi	m		ond Ave.	Singlet	on Fun	neral Home Le, MD. 21061	
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis			ot enier the mo	de of dying, auci	h ee cerdlec or resp	ratory arrea	t, Approximete	
	IMMEDIATE CAUSE (Finel disease or condition	Parala	MARI	Chan	AHa	ek		Onset and Death	
d	resulting in death) a.	DUE/TO (OR AS A	CONSEQUENCE OF	:				17/4	
NOI	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
ICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	1008	CONSEQUENCE OF					1 WELL	
CERTIFICATION	thet initieted events resulting in deeth) LAST	QUE TO (OH AS)	CONSCOUENCE OF	, ,					
	PART II. Other significent conditions	contributing to deeth b	out not resulting in	the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS	
OICA						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL						_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
SIC	1 YES 2 NO	HOSPITAL: 1 D Inpatient 2 D ER/Outp	petient 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
	27. MANNEB OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		PRK?	28d. DESCRIBE HOW	INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, st cify)	treet, factory, offic	á	281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,	
COMPLETED	(Unack only	IAN: To the best of my annual:						l. cause(s) and manner as stated.	
BE CO	29b. SIGNATURE AND TITTO OF CENTURES	10 1	50		29c. LICENSE NUI	MBER		SIGNED (Month, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	15 m	D-(-r)	:0200	94	103	122/90	

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FILLOTT GORBATY M.D.

31. DATE FILED (Month, Day, Year)

VIAY 24 1990 Fuln Pau

ATY M. D. 7845 OAKWOOD RD #203 GLEN BURNIE MD. 21061

Filin faindson Mariane

6.7

R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-transit permit. Pages 1, 2, 3 should be detached for use as the burdal-transit permit. Pages 1, 2, 3 should be detached for use as the burdal-transit permit. Pages 1, 2, 3 should be repeat this permit. Pages 1, 2, 3 should be repeated by the permit of the	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE FUNERAL DIRECTOR: After this certification within 72 hours after death with the Sta	MPORTANT: If Item 28 Is marked, or It
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should has end within 2 faire Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.

	FOR	CTATE OF M	ADVI AND /	DEDAG	THEFNT O	E WEALT	TH AND	MENT	FAL LIVEIEN		9	U	4	40
	1 - STATE REGISTRAR	STATE OF M			ICATE (			MEN	REG. NO.					
	1. DECEOENT'S NAME (First, Middle, Last)								ATE OF DEATH			3. TH	E OF DEATH	
		FANNI	E APPEL	i				M	AY 23, M	1990	YEAR	5	P.	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UN	IDER 24 HRS.	7. DA	TE OF BIRTH		6. BIRTI		(State or Fore	lgn
	218-64-6543	1 □ M 2 □xF	87	YRS.	MONTHS DA	YS HOUF	RS MIN.	(Month, Day, Year) 12/22/02 Country) MARYI			YLAND			
ļ	9a. FACILITY NAME (If not institution, give s	give street and number) 9b. CITY, TOWN OR LOCATION OF I					ATION OF D				INTY OF D			
œ l						IMORE	0							
DIRECTOR	RESIDENCE OF DECEDENT													
JE I	10a. STATE 10b. COUNT	Υ		10c. CI1	Y, TOWN OR L	OCATION						10d. I	NSIOE CITY LIMITS?	
	MARYLAND				BAL	TIMOF	RE						YES 2 N	0
A	10e. STREET AND NUMBER					101. ZIP C				10g. CIT	IZEN OF	WHAT C	OUNTRY?	
ᇤᅵ	3616 FORDS LA.,	APT. C					212	215			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	IMED NO					IGIN? (Specify Yearto Rican, etc.)	or No-		CE — An	nerican Indian a, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE W					NO Speci				Spec	city:	WHITE	
	15, DECEDENT'S EDU	I CATION	10. DF	OFDENTY	USUAL OCCU			-	16b. KINO OF BUS	INEGO/INI	DUCTOV		MITTE	
TED	(Specify only highest grade	completed)	(G		work done durir		orking		IOD, KINO OF BOS	SINE 33/INI	DOSINI			
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5 +	)		TEACHE	D			FDII	CATIO	ON			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				TEACILE		AOTHER'S N	AME (Fir	st, Middle, Maiden		OLY			
	ALEXANDER AARON	FAT.K					SZ	RAH	N. BLO	CK				
出	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS (S	reet and Nu			lumber, City or Tow		ip Code)			
2	MRS. SHIRLEY MEC	KLER	"	4113	TIVER	TON F	RD.	RAN	DALLSTO	WN.	MD	21	133	
	20a, METHOD OF DISPOSITION				SITION (Name	of cemetery,	crematory or		20c. LO	CATION -	City or 1	Town, SI	eta	
	1 Remail 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	FRI		MARYL	AND I	ODGE		RA	NDAL	LSTO	WN,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					DRESS OF F			TAL				
	> Soullhur	7110							& BROS.			BAD	2121	
	23. PART L/Enter the diseases, of	complications the	caused the de	eath Do			_		WN RD.			וענייו	212]	
i	shock, or heart fellure.			Ð.							,		interval Ba	tween
	iMMEDIATE CAUSE (Final disease or condition	Como	On TA	•	hear	1-	floo	2/				- 1	000	
	resulting in deeth)	a. Cong	(OR AS A CONSE	OUENCE (	PFI:	77	1 00	-VK				$\dashv$	0 19	15
	_											Ì		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSE	OUENCE (	OF):							-		
AT	cause. Enter UNDERLYING	C												
IFIC	CAUSE (Disease or injury thet initieted events	DUE TO	(OR AS A CONSE	OUENCE	OF):									
H	reculting in death) LAST	d										_		
	PART ii. Other aignificent conditio	ne contributing to	death but not	resuiting	in the unde	rivina ceu	se given l	n Part	i. 24a. WAS AN	AUTOPSY	20	Ab. WER	E AUTOPSY FIN	IDINGS
SAL	A Land		1 1100		/	Oli	Of at a	0	PERFOI	RMED?		AVAR	ABLE PRIOR T	0
Dic	1 Jeyser unsi	we ca	Claus V	200	da	120	sicce.		1 TYES 2	S MO		DF D	EATH?	
ME	0'											1 🗍	YES 2 N	0
PHYSICIAN: MEDICAL						00 81 405	OF OFATU "	244	1					
i C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		OF OEATH (							
IYS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2		28b. TI		Home 5		_	Other (Specify) DESCRIBE HOW	INJURY O	CCUREO			
	1 Natural 5 Pending	(Month, E		1000	JURY M	WORK?	2 NO	100	o E Conno E Trom					
ВҰ	2 Accident Investigation	28s. PLACE C	F INJURY — At h	oma, farm	, street, factory			281.	LOCATION (Street	and Numb	er or Rura	/ Route	Number,	
윤	3 Suicide 6 Could not be 4 Homicide detarmined	building,	atc. (Specify)						City or Town, State					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge d	leath see-	read at the time	data and	place and 4	un to the	a cause(s) and ma	nner ss =	lated			
MP	(Check only one) 2 MEDICAL EXAMIN											e(s) and	manner aa st	ated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE		4		, -,-,-		LICENSE N		2		11-11		th, Day, Year)	
BE	I I Ca L N D A	na dia	Los	A D	14.	7 6	) M	10	35/	<b>D</b>	5	3	1/a.	)

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON MED COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GUNDERSH 32. REGISTRAR'S SIGNATURE RUBURDON - PORTURE

25 1990

2

7		rmit. Pages 1, 2, 3 should		
	r death. Page 6 may be retained by the hospital or attending physician.	e funeral director, page 5 should be detached for use as the bunal-transit pu		examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

32. REGISTRAB'S SIGNATURE Pandalle

	FOR STATE REGISTRAR	STATE OF	MARYLAND /		TMENT ICATE				/ENT/	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle,	JUSE	PH PAUL	ASKE,	W				2. DAT MON		24	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 224-26-2388	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mor	E OF BIRTH nth, Day, Year)	1922	Count	
	98. FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		c. 27,		NTY OF C	rth Carolina <sub>ЕАТН</sub>	
DIRECTOR	RESIDENCE OF DECEDER	RESIDENCE OF DECEDENT			Balt	,							10d, INSIDE CITY
DIRE	Maryland 106. C	COUNTY	200			re	ION						LIMITS?
FUNERAL	10a STREET AND NUMBER 2416 Calverton Heights Avenue					-	2121					S.A	WHAT COUNTRY?
BY FUNE	1   Marriad STATUS   12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1   YES 2   YES   1   YES 2   YES   1   YES 2   YES			MED VO						E — Amarican Indian, k, White, etc.			
	15. DECEDENT (Specify anly highes	t grade completed)	(G	ive kind of	Work done of retired.)	CUPATIO	ON ast of worki	ng	10	6b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or		elwo	rker					Bethle		Stee	1 Corp.
E CO	17. FATHER'S NAME (First, Middle, L Jonah Askew	mst)						a Bu		t, Middle, Meiden	Sumame)		
9	19a. INFORMANT'S NAME (Type/Prin Sadie Askew	nt)								imber, City or Tow			MD 21216
	20a. METHOD OF DISPOSITION XX Burlal 2 Cremation 3	Removal from State	20b. PLACE other pi	OF DISPO	SITION (Na	me of ce			S AV	20c. LO	CATION —	City or T	own, Stata
-	4 Donation 5 Other (Specifical Signature of Funeral Serior		Burt	on C		NAME A	ND ADDRE						. Carolina
	Donal	dans	June							es, Jr. Ave. Ba			Home P.A. MD 21229
	iMMEDIATE CAUSE (Final disease or condition	es, or complications tallure. List only one of	nationised the de author on each line	eath. Do	not enter	the mo	ode of dy	ring, suc	h as ci	ardiac or resp	iratory ar	rest,	Approximate interval Between Onset and Death
NOI	resulting in death)  Sequentially list conditions,	<b>6</b> b.	TO (OR AS A CONSE Por TO (OR AS A CONSE										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	aDUE	Sepsis TO TO TO THE AS A CONSE	QUENCE (	OF):								
CER	PART II. Other significant co	d	to death but not	resulting	in the ur	nderivir	d cause	given in	Part I.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
: MEDICAL										PERFO	RMED?		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			OTHE	R:	LACE OF						-
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendis	28a. DATE (Monti	OF INJURY , Day, Year)	28b. TI	ME OF	28c. IN	JURY AT ORK?			ther (Specify) DESCRIBE HOW	INJURY O	CCURED	
TED BY		getion 28e. PLAC buildi	E OF INJURY — At h	ome, farm	, street, fac		YES 2			OCATION (Street City or Town, State		er or Rura	Route Number,
COMPLET	(Check only	G PHYSICIAN: To the bes											(s) and manner as stated.
9E	29h. SIGNATURE AND TITLE OF C	ERTIFIER WHEN, I	UD				29c. LI	CENSE NU	MBER		29d. DA	TE SIGNE	(Mogth, Day, Year)
2	30. NAME AND ADDRESS OF PER	CHO /	AUSE OF DEATH (IT	EM 27) (Ty)	pe, Print)						-	7	7 1

4.41/

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	ATE OF	DEATH	RE	EG. NO.	_	
	1. OECEDENT'S NAME (First, Middle, Lest)	, , , , , , , , , , , , , , , , , , , ,	/-		2. OATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
ľ	ADAMS, JOH	N L.,	SR.		0.5	20	90	5.55 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs, lost birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	IRTH	1	HPLACE (State or Foreign TY)  UNK
œ	98. FACILITY NAME (If not institution, give street end number) Harbor Hospital	15		R LOCATION OF DEA			JNTY OF D	DEATH
6	RESIDENCE OF DECEDENT							
DIRECTOR	106. STATE 106. COUNTY Maryland -		imore C					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 3128 Foster Avenue	*	101	21224		U.S		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVI FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES?	TES 2 NO	If yes, sp	ENDENT OF HISPANI ocity Cuben, Mexican, 2 NO Specify:	, Puerto Ricen		14. RACI Blac Spec	E — American Indian, ik, White, etc.  White
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S U			16b. K/N	D OF BUSINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  4th  College (1-4 or 5+)	Give kind of wo.		st of working	M	eat Pack	ing	
8	17. FATHER'S NAME (First, Middle, Last)			16, MOTHER'S NAM	AE (First, Middle	e, Maiden Surname)		
BE C	Adams			Blanche				
5	190. INFORMANT'S NAME (Type/Print) Elizabeth H. Adams			nd Number or Rural Re Avenue, I				24
	20s. METHOD OF DISPOSITION 1 X Burlaí 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION OTHER PROPERTY.	od Ceme	tery		Baltimo		
	21. SIGNATURE OF FUNERAL SERVICE LISENSEE	(0)	Matth	ews Funer	ral Ho			2 07001
				Eastern A				
	23. PART I. Enter the diseases, or complications that call shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.						Approximate interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	gasti II au	es dans	ay (	recurre	10	
	PART ii. Other significant conditions contributing to das	th but not resulting in	tha underlyin	g cause given in i	Part I. 24s	. WAS AN AUTOPS	24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					_   10	PERFORMED?  YES 2 M NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		20 5	LACE OF DEATH (Che	nok ontv ===:			
C	EXAMINER? HOSPITAL:		OTHER:					
YS	1 YES 2 NO 1 Inpatient 2 ER	/Outpetient 3 DOA	4 - Nursing Hon	ne 5 🗆 Residence				
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending Investigation		RY W	URY AT DRK? YES 2 NO	26d. DESCRI	BE HOW INJURY O	CCURED	
		JURY — At home, farm, at (Specify)	reet, fectory, offic	0		ON (Street and Numb own, State)	er or Rural	Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my DICAL EXAMINER: On the bests of examiner.							(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	- SAMOI	2//;	29c. LICENSE NUM	MER	29d. D	TE SIGNE	20 (Month, Day, Year) 20 90 1
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) //pos.	Print)				1	,
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S MAY 9 5 1990 1 Davidson	SIGNATURE			-			
	1.1.10							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE HURSPAL DIRECTIVETA. After this certificate has been signed by the attending physician and completely filled in by the kineral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygher prior to build, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

	1 - STATE OF MA		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	v		2. DATE OF DEATH	W540	3. TIME OF DEATH
	Loraine I. Bryan			5-23-1	990 J	3:00
			F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRT	HPLACE (State or Foreign
	220-363409393 1□M2DF	82 YRS.	MIN.	9-22-190		nsylvania
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
DIRECTOR	Francis Scott Key Med.	Ctr.	Baltimore		CIty	7
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY
<u>E</u>	Md. Baltimore		ndalk, Md.			LIMITS?
	10a. STREET AND NUMBER		101. ZIP CODE		10a. CITIZEN OF	WHAT COUNTRY?
RA	1833 Dunmere Rd.		21222		U.S.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT I	EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes o	r No.— 14. RAC	E — American Indian.
	IF YES, GIVE WAF	YES 2 NO	If yes, specify Cuban, Maxica 1 TES 2 TNO Specific		9.000	ck, White, etc.
ВУ	3 XWidowed 4 Divorced			, 		ite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	k done during most of working	18b. KIND OF BUSIN	IESS/INDUSTRY	
Щ	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use r				
COMPLETED	High School	Homema		Own Ho		
8	17. FATHER'S NAME (First, Middle, Lest)		100000	AME (First, Middle, Maiden Su		
BE	Jesse E. Bair  19a, INFORMANT'S NAME (Type/Print)		Unk .  DORESS (Street and Number or Rural	Maxwe		
2	Jane Killmayer	The second secon				
	20a. METHOD OF DISPOSITION	ZUU5 W	ilhelm Ave. ON (Name of cametery, crematory or	Balto Mo	212	3.7
	1 Surial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)	Parkwood	Cemetary		timore	
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA		CIMOLE	, FID.
	1111/11		Bradley-Ash		al Hom	e. TNC.
	Allland		12134 WT110W	Spring Ro	Dund f	alk, Md, 2122
	23. PART I. Enter the diseases, pr complications that a shock, pr heart fallure. List only one cause		enter the mode of dying, aud	ch aa cardlac or reapira	itory arrest,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final	C. Williamson				Onset and Daath
	disease or condition reaulting in death)	one				
	DUE TO (C	R AS A CONSEQUENCE OF):	: P.0	Dia	,	
S	Sequentially list conditions,	R AS A CONSEQUENCE OF:	ve Pulmman	o where		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	n AS A CONSEGUENCE OF).	,			j
윤	CAUSE (Disease or injury	R AS A CONSEQUENCE OF):				
E	resulting in death) LAST					
빙	0.					
AL	PART ii. Other algnificant conditions contributing to d	eath but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AI PERFORM		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음				1 YES 2 }	NO	OF DEATH?
MEDICAL						1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (CI	heck only one)		
YSI	1 YES 2 NO 1 I I Input ent 2 1	ER/Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Residence			
표	27. MANNER OF DEATH  28a. DATE OF III (Month, Day)  1 Natural 5 Pending	JURY 285. TIME:	RY WORK?	28d. DEŞCRIBE HOW IN.	JURY OCCURED	
BY	2 Accident Investigation		M 1 YES 2 NO			
	3 Suicide a Could not be building, et	INJURY — At home, farm, atn c. (Specify)	eet, factory, offica	28f. LOCATION (Street an City or Town, State)	d Number or Rura	Houte Number,
COMPLETED				<u> </u>		
AP.L	29a. CERTIFIER (Check only					
ő	2 MEDICAL EXAMINER: On the beels of exa	mination and/or investigation,	In my opinion, death occured at the	e time, date and place, and	dua to the cause	r(s) and menner as stated.
BE (	296. SIGNATURE AND THICK OF CERTIFIER	2 0	29c. LICENSE NU	MBER	. 4-1	ED (Month, Day, Year)
TO B	speece.	· Residen	t l		> 5/2	3/90
Ě	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	rint)			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	S SIGNATURE				
	MAY 25 1990 July Devidoor	THE PERSON NAMED IN				

-literati

l or attending physician. or use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ital	D D	
hosp	ache	ಪ್ರ
the	det	6
1 50	20	a at
aine	hou	ille
e ret	S	20
ay be	page	9
E 9	tor,	Tes
906	direc	10
th. P	eral	min.
dea	e fu	exa
after	th ye	ca
SUL	in the	Ded
2	filled	9
thin	stely	1,
M P	omple Cr	eve
scute	nd co	S.
8	an a	E
ate b	ysici	tra
rtific	d b	the
th ce	HV	01
deat	e att	'n,
the	43	Ē
tha	the t	amy
uires	Sign	W.S
pa. /	been	## S
e av	has	1 23
5	Cate	Her
CIAN	ertif	0
HYSI	his c	ced.
NG P	ther t	mar
QN	R. A	8
ATT	ECTO	7 28
DR	DIR	Te Te
PITAL	RAL	1 12
HOS	FUNE	AN
ૠ	뿔	OF
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be accounted to the funeral director, page 5 should be detached to be accounted to the funeral directors.	or med whim / 2 hours are order with the case copt. On recent are mental recent, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF HEAD		NTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		A	OLDEN	2	DATE OF OEATH	194	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR IF U		OATE OF BIRTH Alberth, Day, Year)	8, Bit	RTHPLACE (State or Foreign
	214 28 1638	1 🗆 M 2 🔼 🗓	YRS.	MONTHS DAYS HOL		9 5. 05	mai	ryland
H	Pa. FACILITY NAME (If not institution, give as River Walk Man			Salisbu	y, M	aryland	WICO	
CIC	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,	10c CITY	TOWN OR LOCATION				10d. INSIDE CITY
DIRECTOR	Md. Wico		Fru	itland,	Maryla	and		LIMITS?
	100. STREET AND NUMBER	m. I	- 1/	10f, ZIP	CODE			F WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	FRINUS ARMED	13 WAS DECENDED	NT OF HISPANIC	ORIGIN? (Specify Yea	USA	ACE — American Indian,
BY FU	1. Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 Y	ES 2 MO	If yes, specify		Puerto Rican, etc.)	6	pecify: Black
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade		(Give kind of w	USUAL OCCUPATION ork done during most of	vorking	16b. KINO OF BUS	INESS/INDUSTR	Y
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	rmer				
NO.	17. FATNER'S NAME (First, Middle, Last)				MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE (	Denard Bold	en			ellis			
2	190. INFORMANT'S NAME (Type/Print)  Victoria Harme	n	196. MAILING	ADDRESS (Street and N	1 40	AKYLANO	d	
	20a. METHOD OF DISPOSITION  1  Burlel 2  Gremation 3  Ram  4  Donation 5  Other (Specify)	oval from State	Back Bo	ne creme		Fr.	uitlan	d Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND A	DRESS OF FACIL	™Salisb	ury Ma	ryland
	Jussell.	tot				Fooks	Funera	I Home
	23. PART I. Enter the diseases, or shock, or heart failure.			ot enter the mode of	d dying, such a	is cerdiec or reapi	ratory srrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Certen	osclerot	ic Cerel	no vos	culor D	year	Onset and Death
		DUE TO (OR	AS A CONSEQUENCE OF	):				
TION	Sequentielly list conditions, It sny, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR	AS A CONSEQUENCE OF	):				
ERT	resulting in death) LAST	d						
	PART II. Other significant condition	ns contributing to dea	1	n the underlying ca	use given in Pa	ert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC	acute Saps	is, Chro	us obstra	reture !	eing	_ 1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
M	~17 CA4- 11 (	A VIA Same	rement.					1 TES 2 NO
	- Cy rose, U.S	mone a	J. 20 - C C			_		
NAN	25. WAS CASE REFERRED TO MEDICAL		<i></i>		OF DEATH (Check	conly one)		
YSICIAN	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	QTHER: 4 W Nursing Home 5	☐ Residence 6	Other (Specify)		
PHYSICIAN: MEDICAL	EXAMINER?  1	HOSPITAL:	/Outpetlent 3 DOA	QTHER: 4 W Nursing Home 5	Residence 6		NJURY OCCURE	D
B	EXAMINER?  1	HOSPITAL: 1   Inpatient 2   ER 28s. DATE OF INJ (Month, Day, Y	/Outpatient 3 DOA	OTHER: 4 Ø Nursing Home 5 E OF 28c, INJURY WORK? M 1 YES	Residence 6 AT 2 2 NO	Other (Specify)	and Number or Ri	
B	EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	HOSPITAL: 1   Inpatient 2   ER. 28a. DATE OF INJ. (Month, Day, VI. 28a. PLACE OF IN. building, etc.	/Outpetient 3 DOA DRY 28b. TIMI INJ JURY At home, farm, s	QTHER: 4 III Nursing Home 5 E OF 290c. INJURY URY WORK? 1  YES treet, factory, office	Residence 6 AT 2 NO 2	Other (Specify)  18d. DESCRIBE NOW I  18f. LOCATION (Street in City or Yown, State)	and Number or Re	
B	EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1) CERTIFVING PHYS	HOSPITAL: 1 Inpatient 2 ER 28a. DATE OF INJ (Month, Day, W 28a. PLACE OF IN. building, etc.	/Outpatient 3 DOA  JRY 28b. TIMI INJ  JURY — At home, farm, a  (Specify)	OTHER: 4 III Nursing Home 5 E OF 28c. INJURY WORK? M 1 YES street, factory, office	Residence 6 AT 2 NO 2 place, and due to	Other (Specify)  18d. DESCRIBE NOW I  18f. LOCATION (Street City or Yown, State)  1 the cause(a) and mail	and Number or Re	
E COMPLETED BY	EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1) CERTIFYING PHYS	HOSPITAL: 1   Inpatient 2   ER: 28a. DATE OF INJU (Month, Day, W 28a. PLACE OF IN, building, etc.	/Outpatient 3 DOA  JRY 28b. TIMI INJ  JURY — At home, farm, a  (Specify)	QTHER: 4 III Nursing Home 5 E OF 28c. INJURY WORK? 1 YES street, factory, office	Place, and due to occured et the tire. LICENSE NUMB	Other (Specify)  186. DESCRIBE NOW I  186. LOCATION (Street City or Town, State)  1 the cause(s) and maine, deta and place, and	and Number or Ri	ural Route Number,
COMPLETED BY	EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 0ne)  2 MEDICAL EXAMINI	HOSPITAL:  1   Inpetient 2   ER  28a. DATE OF INJ. (Month, Day, Ye  28a. PLACE OF IN. building, etc.  ICIAN: To the best of my left.  ER: On the besia of axami	/Outpatient 3 DOA  JRY 28b. TIMI INJ  JURY — At home, farm, a  (Specify)	OTHER: 4 III Nursing Home 5 E OF 296. INJURY WORK? 1  YES street, factory, office	Place, and due to occured et the tire. LICENSE NUMB	Other (Specify)  88. DESCRIBE NOW I  88. LOCATION (Street in City or Town, State)  the cause(a) and maine, deta and place, an	and Number or Ri	ral Route Number,
BE COMPLETED BY	EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 0ne)  2 MEDICAL EXAMINI	HOSPITAL:  1   Inpetient 2   ER  28a. DATE OF INJ. (Month, Day, Ye  28a. PLACE OF IN. building, etc.  ICIAN: To the best of my left.  ER: On the besia of axami	JURY — At home, farm, s (Specify)  knowledge, death occurrenation and/or investigetion  Make At the Communication and the communicat	OTHER: 4 III Nursing Home 5 E OF 296. INJURY WORK? 1  YES street, factory, office	Place, and due to occured et the tire. LICENSE NUMB	Other (Specify)  186. DESCRIBE NOW I  186. LOCATION (Street City or Town, State)  1 the cause(s) and maine, deta and place, and	and Number or Ri	ral Route Number,

BAL	death.
n	after
	hours
J	24
ó	d within
5	ecute
×	å
C EC	sertificate
<u>.</u>	death
S	the
분	hat
ECO	law requires that the death certificate be ext
	WE
₹	The
OF VITAL RECORDS,	PHYSICIAN:
DIVISION	PITAL DR ATTENDING PHYSICIAN: The Is
_	B.C.
_	PITAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

TO BE COMPLETED BY FUNERAL DIRECTOR

rF	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)	LENA (LEE) BERKOW MONTH DAY YEAR 09 15						3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR Cou	THPLACE (State or Foreign ntry)
		3O YRS.			12/25/09		MARYLAND
9e. FACILITY NAME (If not institution, give stre	eet and number)	•		R LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
SINAI HOSPITAL			BAL.	TIMORE			
10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND		E	BALTIMO	RE			1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
2409 TANEY RD.				21209		US	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2) NO	If yes, spe	cify Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	Bio	CE — American Indien, ick, White, etc.
3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 XNO Specify	r:	Spe	ecity: WHITE
15. DECEDENT'S EDUC		16a. DECEDENT'S US	BUAL OCCUPATION	DN	16b. KIND OF BUS	SINESS/INOUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mo etired.)	st of working	Am 1	HOME	
6		HOUS	SEWIFE		AT	HOME	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
UNKNOWN SNYDER					CA UNKNOWN		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
MRS. JEAN GLICK				RD. BAL!		1209	
20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remove	val from State	other place)	•	netery, crematory or		CATION — City or	
4 Donation 5 Other (Specify)	NSEE 1	BNAI IS		ID ADDRESS OF FA		ALTIMORE	ביו וידו
~ C000000	0 10,0	04.0			SON & BROS	.,INC.	
7 9000 1030	a de la	JUADL			STOWN RD.		
23. PART i. Enter the diseases, or co shock, or heart fallure. L			t enter the mo	de of dying, auc	h es cerdiac Dr reep	iratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition		_					Onset and Death
resulting in death)	DUE TO (OR AS	SI'S					
_	DUE TO (OH AS	CONSEQUENCE OF):	out C	skuro			
Sequentially list conditions,	DUE TO (OR AS	CONSEQUENCE OF):	corr. j-	OI BALL			
if any, leading to immediate cause. Enter UNDERLYING	LIVER S	a lure					
ruet unfleten escure					4		
resulting in death) LAST a Con a ? metrosholia choose							
PART ii. Other significent conditions	contributing to death i	out not resulting in	the underlyin	g cause given in			4b. WERE AUTOPSY FINDINGS
metabolic a	cidosis				PERFO	3.4	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	> adens	1200				<b>X</b>	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	HOSPITAL: 1  Inputient 2 □ ER/Out		OTHER:          Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. IN.	JURY AT	28d. DEŞCRIBE HOW	INJURY OCCURED	
1   Natural 5   Pending   Investigation	I ☑ Neturel 5 ☐ Pending M 1 ☐ YES 2 ☐ NO						
3 Suicide 6 Could not be	3 Suicide 6 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
					1		
one) —	CIAN: To the best of my know						
2 MEDICAL EXAMINER	3: On the besis of examination	on end/or investigation,	In my opinion, o	leath occured at the	time, data end place, a	nd due to the ceus	e(e) end menner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	1.0	IED (Month, Day, Year)
SU ZUL	COMPLETED CALLOS CT	ATU STEM OF S	U_1	0.4.	- In A-	D 05/	
30. NAME AND ADDRESS OF PERSON WHO	no Sino	1 1356 U		Bullima	C HO	zenspu	773
11. DATE FILED (MONT), Day, 1807) 1990 \$	32. REGISTRAR'S SYS	ATTER					

V917

FOR

	1 - STATE REGISTRAR	1	CERTIF	ICATE C	F DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		EP. 04	-11-1		2, DATE OF B	EATH DAY	YEAR	3. TIME OF DEATH		
	FRANK BOR	RENSTEIN	150 23	9-05-1	10.49	5	-23-1	1990	210 A "		
	4. SOCIAL SECURITY NUMBER	3	(In yrs. last birthday)	MONTHS DAY		7. DATE OF BI (Month, Day,		6, BIRTHP Country)	LACE (State or Foreign		
	219-07-2089	1.25 M 2 🗆 F	YAS.	-		4-1	1-19		ARYLAND		
OR	96. FACILITY NAME (if not institution, give street and number)  BALTIMORE  9c. COUNTY OF DEATH BALTIMORE										
5	RESIDENCE OF DECEDENT	<b>y</b> - 10-5	100 017	TOWN OR I	CATION				10d. INSIDE CITY		
10c. STATE 10c. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE XX								LIMITS?			
FUNERAL	7121 PARK HEIGHTS	S AVE., APT.	402		101, ZIP CODE 2121.	5		JSA	HAT COUNTRY?		
BY FUN	11. MARITAL STATUS     1	12. WAS DECEOENT EVER II FORCES? 1 7 YES IF YES, GIVE WAR OR O.	N U.S. ARMED 2 NO HATES AIR FORG	If yes	DECENOENT OF HISPA I, specify Cuben, Mexico YES 2 X NO Specific	en, Puerto Rican,		- 14. RACE Black, Specify	- American Indian, White, stc.		
8	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KINS	O OF BUSINESS/	INDUSTRY			
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	g most of working						
7		4	M	ANUFACT	TURER		CLO	THING			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle	, Maiden Surnam	n)			
BE	JACOB BORENS	STEIN			ALMA	MINZ					
10	190. INFORMANT'S NAME (Typo/Print) MRS. AUDREY BOREI	NSTEIN			eet end Number or Rural			Zip Code)	MD 21215		
	204 METHOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 Rem	noval from State	other place)		f cemetery, crematory or		20c. LOCATION		Settle-		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	OHEB SH		EM. PARK E AND ADDRESS OF FA	ICILITY	REIS	STERST	DWN, MD		
	+ Cu Man	Luis		60	SOL LEVIN				MD 21215		
	23. PART I/ Enter/the diseases, or	somplications that cause	d the death. Do	not enter the	mode of dying, au	ch aa cardiac	or respiratory	arreat,	Approximate		
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one cause on e	ech line.						Interval Between Onset and Death		
	disease or condition resulting in death)	PROBABLE.	ASPIR	OTT A	5 PN CU	21600	1		TOAM		
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,  fi any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Schero	DEM A						ZHT COM 15		
트	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	OF):					_		
HH	Tesuting in death) CAST	72P73M B	ANC	مامى	2 CA2C	22					
DICAL C	PART II. Other algnificent condition	ns contributing to death t	but not resulting	in the under	lying cause given in		. WAS AN AUTOP PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ш						_   10	YES 2		OF DEATH?		
Σ					<del></del>	_			1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (C	heck anly one)					
SIC	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:	Home 5 🗌 Residence	6 Other (So	ecity)				
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		: INJURY AT WORK?		BE HOW INJURY	OCCUREO			
ВУ Б	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO		-				
	2 Accident 3 Suicide 6 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							oute Number,			
LE.	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	riedge death occur	red at the time	data and place, and du	e to the causele	and manner as	stated	7		
COMPLETED	onel	IER: On the basie of examination							and manner ea stated.		
W	296. SIGNATURE AND THE OF CERTIFIE	ER			29c. LICENSE NU	IMBER	29d.		(Month, Day, Ybar)		
TO B	/ Luis	ATTE	2012	ma	1 03	1200		5-2	3-90		
F	A Z LV CC		EATH (ITEM 27) (Typ	o, Print)	S VSAS	TS A	·	2/2	21215-		
	APR 25 1990	32, BEGISTRAR'S SIGN	NATURE	0		17					
	A DOOL ON WHITE !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1,41						

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a filer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

r dean. Page b may be retained by the hosp.  al.  examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A notifical may be treating to the constitution of the state of the state of the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or temoral.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detach al. examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
r death. Page 6 may be retained by the hos re funeral director, page 5 should be detach	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosping physician and completely filled in by the funeral director, page 5 should be detached.
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146, B

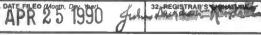
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRA
1, DECEDENT'S N
WILLI

TO BE COMPLETED BY FUNERAL DIRECTOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VEAR	3. TIME OF DEATN	
WILLIAM THOMAS	BARKSDALE				MAY 23,	1990	9:47 A. M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIR	TNPLACE (State or Foreign	
234 20 4821	1 XXM 2 □ F	81 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-23-08		BAMA	
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF GEATH  9c. COUNTY OF DEATN								
VA MEDICAL CENTER FORT HOWARD, MARYLAND BALTIMORE								
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY							10d. INSIDE CITY	
MARYLAND Baltimore 1X vs 2 No								
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WNAT COUNTRY?	
410 Annabel Av	renue			2122	5	U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 \( \overline{V} \) YES IF YES, GIVE WAR OR D	2 NO	If yea, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No 14. RA Bit Sp	CE — American Indian, sck, White, etc.	
15. DECEDENT'S EDUC		16a DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	rock done during me	ist of working				
9th Grade	College (1-4 of 5+)	Engir	eer		Weste	rn Rail	road	
17. FATHER'S NAME (First, Middle, Last)		211541	.001	18. MOTHER'S NA	ME (First, Middle, Malden		Locac	
	D			77.00				
WALTER BARKSDAL  19s. INFORMANT'S NAME (Type/Print)	ı jt,	10h MAU ING	ADDRESS /Street		MORGAN  Route Number, City or Tow	n State 7in Code)		
Martha Ellenber	rg				Baltimore,		nd 21225	
200, METHOD OF DISPOSITION	20	b. PLACE OF DISPOS other place)	SITION (Name of ce	metery, crematory or	20c. LO	CATION — City or	Town, Stata	
1 X Burial 2 Cremation 3 Remo	oval from State	Glen Hav	ren Memo	rial Par	k Gle	n Burni	e. Maryland	
21. SIGNATURE OF FUNERAL SERVICE LIC				ND ADDRESS OF FA	CILITY			
100	6100	ind ,			nce Funera			
23. PART I. Enter the diseases, Dr o					Hwy. Balt		Md. 21225 Approximets	
shock, or heert fallure.  fMMEDIATE CAUSE (Final disease or condition resulting in death)	s. <u>CARDIOPUL</u> oue to (or as		F):				Interval Between Onset and Death	
Commentative that are distance	ASCVD		4 80 4	1				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7):					
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d.								
PART II. Other significant condition	s contributing to death	but not resulting.	in the underlyin	g cause given in	Part I. 24s, WAS AN		4b. WERE AUTOPSY FINDINGS	
PERFORMED? AMAILABLE PRIOR TO							COMPLETION DF CAUSE OF GEATH?	
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	peck only one)	1.		
EXAMINER?	HOSPITAL:	netions 2 17 nos	OTHER:					
1 YES 2XXNO 27. MANNER OF DEATH	21				6 Other (Specify)	N.IURY OCCURED		
1 Netural 5 Pending	(Month, Day, Year)   INJURY   WORK?							
Accident Investigation    Accident   Investigation   Investigation   Accident   Investigation   Accident   Investigation   Accident   Investigation   Accident   Investigation   Accident   Investigation   Accident   Investigation   Investigation   Accident   Investigation   Investigatio								
(Orlock Gray	CIAN: To the best of my kno						e(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIE	les la set	Ili 1	1.1	29c. LICENSE NU	MBER		IED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D			L			23-30	
CAROLINA C. CUS				ER FORT	HOWARD, MA	RYLAND	21052	
	32-REGISTRAR'S CH							



YEAR

9c. COUNTY OF DEATH

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

,1990

98

3. TIME OF DEATH

10d. INSIDE CITY

YES 2 NO

WHITE

21212

Approximata Interval Between

24b. WERE AUTOPSY FINDINGS

**AVAILABLE PRIOR TO** 

1 TYES 2 T NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

TIMONIUM MD.21093

COMPLETION OF CAUSE

Onset and Death

14. RACE — American Indian, Black, White, etc.

8. BIRTHPLACE (State or Foreign

MD

10:05 A M

REG NO

2. DATE OF DEATH

29c. LICENSE NUMBER

YORK ROAD

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

29b. SIGNATURE AND TITLE OF CERTIFIER

KEVIN OUINN

evm

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sunn

AND DESIGNATION OF THE

1205

1

5	within
2	executed
<	pe
2	rtificate
)	8
ŗ	death
0	he
5	that
	requires
_	₩.
A P	The
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
Z	NG
5	END
"	-
2	K
	7
	OSPITA

8

9

MARGARET E. C. BRENNAN MAY 23 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 🗌 M 2 😿 F 212-09-4206 92 MAY 21 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR COLLEGE MANOR LUTHERVILLE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE MD. BALTIMORE permit. 10e. STREET AND NUMBER FUNERAL 4211 GRANADA 21215 for use as the burial-transit AVE. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, pecify Cuban, Maxican, Puarto Rican, etc.)

1 YES INO Specify: Never Married 2 Married В 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) OFFICE page 5 should be detached 12 RECEPTIONIST 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) the Ħ JOHN T. BRENNAN MARY KILROY ours after death. Page 6 may be retained by BE notified 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 9 LATONIA BLVD. TOLERO OHIO 43606 MARGARET BRENNAN GRANT 2821 pe 20a. METHOD OF OISPOSITION
Burtal 2 Cremation 3 Removat from State 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) must funeral director, MARYS CH.CEM. BALTIMORE, MD. 4 Donation 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ▶ Jenkins Funeral Home H.W.JENKINS AND SONS CO. BALTO, MD completely filled in by the removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart fallure. List only one cause on each line. prior to burial, cremation, or IMMEDIATE CAUSE (Final the disease or condition event, resulting in death) andio Vassalar Diserso DUE TO (OR AS A CO traumatic ON and Sequentially list conditions. DUE TO (OR AS A CO If any, leading to immediate attending physician ital Hygiene prior to CERTIFICATI cause Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atter Mental Injury, PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? and any 1 TYES 2 NO Health a shows been 1, of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 28c. INJURY AT WORK? 27. MANNER OF DEATH 28e. OATE OF INJURY 26b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED with marked, 1 Netural 5 Pending 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 60 COMPLETED DIRECTOR: 4 Homicide 28 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) TO THE FUNERAL ID TO THE WITHIN 72 H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

TO BE COMBI	
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached for u	IN THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u
r death. Page 6 may be retained by the hospital or	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or
	DIVISION OF VIEW RECORDS, 1.0. DOX 10130,

1	FOR STATE REGISTRAR	STATE OF N				OF HEALTH		ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last	Abraha	m Bris	coe				2. DATE OF DEATH	5-20	-90 3.	TIME OF OEATH 7:15
A SOCIAL SECURITY MINABED SETY RAME for use lost bisthelion. FUNDER 14 FUNDER 24 RRS. 7. DATE OF BIRTH 6. BIR							6. BIRTHPL	ACE (State or Foreign			
	213-16-3460 1X M 2 □ F 72 YRS.					DAYS HOURS	MIN.	(Month, Day, Year) 01-29-1	918	Mar;	yland
_	9a. FACILITY NAME (If not institution, give			TOWN OR LOCAT		тн	9c. COU	NTY OF DEAT	Н		
턴	Liberty Medic	al Cente	r			Baltim	ore_		<u> </u>		
Liberty Medical Center Baltimore RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Maryland Baltimore								d. INSIDE CITY LIMITS?			
	Maryland -			Ва	TT1	nore	DE .		10a, CITI		YES 2 NO
FUNERAL	2704 Classen	Avenue				All areas	215			USA	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	MAS DECENDENT	OF HISPANI	C ORIGIN? (Specify Ye. Puarto Rican, etc.)	or No-	14. RACE Black, V	American Indian, thite, etc.
BY	1X Naver Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y				YES 2 XN				Specify:	lack
	15. DECEDENT'S EI	DUCATION	16a Di	ECEDENT'S	USUAL O	CCUPATION	dna	16b. KIND OF BU	SINESS/IND	DUSTRY	
COMPLETED	(Specify only highest gra	College (1-4 or 5	F)			during most of worl	urry	Cilh	onlo	Bak	eru
2	8th 17. FATHER'S NAME (First, Middle, Last)		D	aker		18. MO	THER'S NAM	D III U		Dan	ery
- 11	17. FAIRER S NAME (FISt, MIDDIE, LIST)		Brisc	oe		10. 110		'unknown		reco	rds"
ם	19a. INFORMANT'S NAME (Type/Print)	-	19			THE SECTION SALE		oute Number, City or Tox			
٩	Gloria J. Wal	Lace					_	Balto.		City or Town	
	20a. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  R  4  Donation 5  Other (Specify)	emoval from State	Me tr	of DISPO	ema.	tory,	inc.	Ba			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11/					ociety o			
Ì	George E.	MacNabb	)					ck Road,			MD 21228
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Due to (or as a consequence of):  Lung Camce  Due to (or as a consequence of):  Lung Camce  Due to (or as a consequence of):  Lung Camce  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
	that initiated eventa resulting in death) LAST										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRINNING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  1 YES 2 NO										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:										
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF OEATH		ER/Outpatient	3 🗆 DOA	4 □ Nu			6 Other (Specify)  28d. DESCRIBE HOW	INJURY O	CCUREO	
	1 Natural 5 Pending	(Month,	Day, Year)	IA IA	NURY M	WORK?			VIOLE CO.		
TED BY	2 Accident Investigate 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE building	OF INJURY — At I	home, farm,	, street, fac	ctory, office		261. LOCATION (Stree City or Town, State		er or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  ANALYM JACKSON MO DOGG SIGNED (Month, Day, Year)  DOGG SIGNATURE AND TITLE OF CERTIFIER  196. OATE SIGNED (Month, Day, Year)  5-21-90										
Ĭ	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (IT		Print)	met	. Ce	nter.			
	MAY 25	Julia De DE 1955	was freezen								

REG. NO.

24

after death.

STATE REGISTRAR

1 -

AM 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAR CHARLES HARMON BRONNER 90 40 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 1 M 2 | F MONTHS DAYS HOURS MIN. 89 VRS OCT. 30,00 MD. 212-05-6438 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY XXYES 2 NO MD. BALTIMORE, CITY permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the buniai-transit 4017 DEEPWOOD ROAD 21218 U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, stc. If yes, specify Cuban, Mexicon, Puerto Rican, stc.)

1 YES Y NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Olvorced WHITE WW II ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) for COMPL B,G, AND E. 12 ENGINEER 4 the funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 百 EDITH M. LANGFORD 85 JOSEPH WILBUR BRONNER notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MR. MILTON C. FEHER 6111 MARGLENN AVE. BALTIMORE, MD. 21206 pe 20s. METHOD OF DISPOSITION
1 d Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 21208 must PIKESVILLE, MD. DRUID RIDGE CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 0 H.W.JENKINS AND SONS CO. BALTO, MD. OC medical 23. PART I. Enter the diseases, or complications that caused the dask. Do not enter the mode of dying, such as cardiac or respiratory street, filled in by Approximata ahock, or heart failure. List only one cause on such line. 6 Onset and Death IMMEDIATE CAUSE (Final the Ventric disease or condition and completely fi to bunial, cremation minule reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): 2 whs. traumatic CERTIFICATION DUE TO (ORGAS W CONSEQUENCE OF Sequantially list conditions, 9 If any, leading to immediata cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury other that initiated events resulting in death) LAST 10 any injury, PART ii. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO YES 2 NO COMPLETION OF CAUSE sighageal OF DEATH? Shows 1 ☐ YES 2 ☐ NO DIRECTOR; After this certificate has been hours after death with the State Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Nem HOSPITAL: OTHER: 1 YES 2 NO lent 2 ER/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 Nomicide datarmined 82 Item 29e. CERTIFIER 1V CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 NO IMPORTANT. If IN 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Mr. D. 3 Sonson DO 42 23 9 illiam 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BENSON 3506 ST. WILLIAM BALT NCALVERT IMORE 32. REGISTRAR'S SIGNATURE hia Javidson DHMN-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Approximate interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

HOME HOSPITAL

CHURCH

REG. NO.

FOR STATE REGISTRAR

	24 h
o,	within
12	executed
<	20
. a	certificate
7	death
D	the
Ę	that
THOUSE OF	requires
_	W.
₹	The
DIVISION OF VITAL RECORDS, P.O. BOX 13149	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
/ISION	ATTENDING
=	OR
	TAI

	1. DECEDENT'S NAME (First, Middle									2. DATE	OF DEATH	¥	YEAR	3. TIME OF DEATH
	Mary A. B	alsamo	)							May	22, 1	[990	TEAN	
	4. SOCIAL SECURITY NUMBER 058-22-0494		SEX M 2 🔀 F	8. AGE (In y	rs. lest birthde 2 YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE (Monti	OF BIRTH 20,19	27	8. BIRTH	PLACE (State or Foreign NEWYORK
E	90. FACILITY NAME (If not institution 3138 Yorkwa		and number)	_		9b. CIT		on Locat		EATH			NTY OF D	
CTOR	RESIDENCE OF DECEDE	-												
DIREC	111111111111111111111111111111111111111	COUNTY			10c. 0	ITY, TOWN								10d. INSIDE CITY LIMITS?
ā	Md.	Balti	imore				Dun	dalk						1 🗌 YES 2 💂 NO
FUNERAL	100. STREET AND NUMBER 3138 Yorkway						10	f. ZIP COD	e 2122	2		10g. CIT	USA	WNAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merri 3 Widowed 4 Divorced		FORCES?	YES 2	2 XNO	13.	It yes, sp		en, Mexico	en, Puerto	i? (Specify Yee Rican, etc.)	or No—		E — American Indien, k, White, atc. Hy: White
G	15. DECEDEN			18	e. DECEDENT	'S USUAL (	CCUPATI	ON		16b	. KINO OF BUS	INESS/ING	DUSTRY	WIII CC
COMPLETE	(Specify only high Elementary/Secondary (0-12) 12th		pleted) ollege (1-4 or 5	+)	life. Do NO1	work done use retired.		ost of work	ing					
	17. FATHER'S NAME (First, Middle, Dominic Gi	ordano	)						THER'S NA		Middle, Maiden	Sumame)		
BE	19a, INFORMANT'S NAME (Type/Pr	19b. MAILI	NG ADDRES	S (Street										
2	Samuel Bals					d Number or Rural Route Number, City or Town, State, Zip Code)  y Baltimore Maryland 21222								
	20e. METHOD OF DISPOSITION 1 Description 3 Commetted 3 Other (Special Commetted 5 Other (Special Commetted		from State	20b. PI HO	LACE OF DISP	osition (A	ame of ce	ery, cre	matory or			cation —	-	
	21. SIGNATURE OF FUNERAL SER		EE	11				ND ADDR	ESS OF FA	ACILITY			-	
	► 10.0+	0		000	/		Conn	.11	Thus	ovol	Homo	of D	maa.	lk 21222
	Cocc		rune	reg										
	23. PART i. Enter the disees shock, or haert IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	es, or com fellure. Liet	Adv	CORAS A CO	el l	u					alec or reep	ratory er	1651,	Approximate interval Betwee Onset and Dea
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6		O (OR AS A CO										
DICAL	PART II. Other algorificant co	onditions co	ontributing to	o death but	not reaultin	g in the u	ınderiyir	ng cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
N: ME										-				t   YES 2   NO
SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?  1  YES 2 NO	H	OSPITAL:	☐ ER/Outpetic	ent 3 🗆 DO/	OTHE	R:			heck only o				
у РНУ	27. MANNER OF OEATH  1 Natural 5 Pend		28e. DATE O (Month,	F INJURY Day, Year)		TIME OF INJURY	W	JURY AT ORK? YES 2	□ NO	28d. OE	SCRIBE HOW	NJURY OC	CCURED	
red B)	3 Suicide 8 Coul	tigation d not be mined	28e. PLACE building	OF INJURY — j, etc. (Specify)	At home, fer	n, street, te					CATION (Street or Town, State)	end Numbe	er or Rural	Route Number,
MPLET	CHOCK OTHY	IG PHYSICIAI	N: To the best of	of my knowled	ige, death occ	urred at the	time, del	le end plac	ce, end du	e to the ca	use(s) end ma	nner ee ste	nted.	
0	one) 2 MEDICAL	EXAMINER: 0	On the basis of	examination e	nd/or investig	ntion, in my	opinion,	death occ	ured at th	e time, dat	e end place, er	nd due to t	the ceuse	(s) end manner ee stated.
E C	29b. SIGNATURE AND TITLE OF	CERTIFIER						29c) LI	CENSE NU	MBER	/	29d. DA	TE SIGNE	D (Month, Day, Year)
0 8	1			11				0	119	PC 7			5/	73190
5	30. NAME AND ADDRESS OF PER	SON WHO C	OMPLETED CA	USE OF DEATI	H (ITEM 27) (7	rpe, Print)								

ZIMMERMAN

AND PROPERTY OF SHEAT BELL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Theodore

31. DATE FILED (Month, Day Year) Julia MAY 2. 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

F.

Toulan M.D.

2

	FOR  STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAF ERTIF	TMENT	OF H	EALTH DEAT	AND I	MENT	AL HYGIENE REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)			31						TE OF DEATH	3	YEAR	3. TIME OF DEATH	
		Regina	Mary	Be	wley	7			Ma	v 19.	199	OTEAN	3:00 A	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les		IF UNDER		IF UNDER	24 HRS.	7. DA1	TE OF BIRTH	-	8. BIRTI	IPLACE (State or Foreign	
	214-20-6357	1 - M 2 (X) F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	OLL	-06-19	26	Mar	vland	
	9e. FACILITY NAME (If not institution, give s		04		ob CITY	TOWAY C	I DCATI	ON OF DE		-00-19		NTY OF D	<i>U</i>	-
l ~ 1		The second second	01000	) \							Do	1+4-	2020	
DIRECTOR	517 Asylum Lar	1e (21)	21228	)	Ua	tor	svi	тте			Da.	T (TI	nore	$\dashv$
입	10a, STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
뜻	Maryland H	altimor	20		Cato	ngv	·i11	6					1 TES 2 NO	
	10e. STREET AND NUMBER	JAI OIMOI			000	- T	ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	517 Asylum La	mo						21	122	8		USA		
뿐	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II O AS	MEO	I 12	WAS DEC	ENDENT			GIN? (Specify Yee	or No-		E — American Indian,	
교	1 Never Married 2 Married	FORCES? 1	YES 2	NO		If yes, sp	ecity Cub	en, Mexica	an, Puer	to Rican, etc.)	01 110	Blac	k, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1   YES	2 <b>M</b> NO	Specif	ly:			Spec	White	
	15. DECEDENT'S EDU	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATION	DN .			16b. KIND OF BUS	INESS/IN	DUSTRY		
ETED.	(Specify only highest grade	completed)	(G	live kind of	work done	during mo		Ing						
ايرا	Elementery/Secondery (0-12)	College (1-4 or 5	•)	Ноп	seke	ene	r			Nursi	ng i	Home	9	
COMPL	17. FATHER'S NAME (First, Middle, Last)			110 00	-	· P	_	HER'S NA	AME (Flo	st, Middle, Malden				
8	August Hoerl						100			ones				
BE	19e. INFORMANT'S NAME (Type/Print)			S6. 84 A H IA		0.704			_	lumber, City or Town	n State 7	in Code)		_
2			-							onsvil			21228	
-	John L. Bewley	, Sr.							المادر				Own, State	_
	20s. METHOD OF DISPOSITION 1 ☐ Burlel 2 💢 Cremetion 3 ☐ Rem	oval from State	20b. PLACE other p	lace)	-Cre	ame or ce	metery, cre	matory or	2				ce, MD	
	4 Donation 5 Other (Specify)		_ IVIE	11.0										_
	21, SIGNATURE OF SUNERAL SERVICE U	BENSEE	Wife.		22	ren	no abbhi 1a.ti	on	Soc	iety o	f M	d.,	Inc.	
	George E.	MacNabl	)		2	299	Fre	der	ick	Rd.,	Bal	to.	, MD 2122	85
	23. PART I. Enter the diseases, or			eath. Do									Approximata	
	shock, or heart failure.	List only one car	use on each lin	e. (	^			1		1 0		A	Onset and De	
	IMMEDIATE CAUSE (Final disees or condition	Kin	A	/	(')	210	/3.3. L	in	1	12	3	12		
	resulting in deeth)	OUE TO	(OR AS A CONSE	EQUENCE	OF): A	-000			1	1				
_		6	S 1	.1/.	()		AX	202	V	U				
CERTIFICATION	Sequentielly list conditions,	b. OUE TO	(OR AS A CONSE	OUENCE	00:		130/	9	1					
A	If any, leading to immediate cause. Enter UNDERLYING		0											
문	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A CONSE	EOUENCE	OF):									
E	resulting in deeth) LAST	4												
S		d												
A P	PART II. Other significant condition	ne contributing to	deeth but not	resulting	In the u	inderlylr	ng cause	given ir	n Part I	I. 24s. WAS AN PERFOI		24	b. WERE AUTOPSY FINOR AVAILABLE PRIOR TO	
2										1 TYES 2	<b>™</b> NO		OF DEATH?	Æ
MEDIC	<u> </u>												1 🗌 YES 2 🗌 NO	
2														
A	25. WAS CASE REFERRED TO MEDICAL					28. F	LACE OF	OEATH (C	Check on	ly one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE	ER: Irsing Ho	me 5 K	Residence	8 🗆 (	Other (Specify)				
.   ¥	27. MANNER OF DEATH	28e. DATE O		28b. T	ME OF	28c. IN	JURY AT			DESCRIBE HOW	INJURY O	CCURED		
	1 🗶 Netural 5 🗌 Pending	(Month,	Day, Year)	1	NJURY M		YES 2	□ NO						
B M	2 Accident Investigation 3 Suicide Could not be	28s. PLACE	OF INJURY — At I	home, farm	, street, fa	ctory, offi	ice		281.	LOCATION (Street	and Numb	per or Rura	l Route Number,	
G	4 Homicide 8 Could not be	building	, atc. (Specify)							City or Town, State	)		19	
COMPLETED	29e. CERTIFIER							11.49						
₽ AP	(Check only												dal and manner on state	ul
Ņ	2   MEDICAL EXAMIN	ER: Un the basis of	samination end/o	r investiga	tion, in my	opinion,		7		uste sna piace, e			e(e) end manner as state	wile.
BE (	296/SIGHAPORE AND TALE OF CERTIFI	ERI					29¢. L	CENSE N	UMBER	2 4			ED (Month, Day, Year)	_
. 1 64							1	17	DI	131		IVI 2 TT	10 1000	(1)

1311

Francis Ave.

3 a

1990

May

Baltimore, MD 21227

19,

#24 ht in 2

. 1 10

(4)

n y

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

	- STATE REGISTRAR	SIAIL OF MAIL	YLAND / DEPAI CERTIF						GIENE G. NO.			
1.	DECEDENT'S NAME (First, Middle, Last)  JAMES	CLARK	SR.					2. DATE OF DI MONTH	DAY 22	90	3. TIME OF DEATH	
4.		5. SEX 6. A	GE (in yrs. lest birthday) 46 YRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN.	7. DATE OF BI (Month, Day, 4-30-		8. BIRT	HPLACE (State or Foreign (ry)	
	3012 LOCH R	•	9b, CITY		T I M	OR E	ATH	9c. (	COUNTY OF	DEATH		
	TESIDENCE OF DECEDENT  106. STATE  106. COUNTY			ALT]			CIT	Υ		10d. INSIDE CITY LIMITS? YES 2 NO		
A 14	3012 LOCH RAV	EN RD.			101	212			10g.	US		
	1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 X NO	- 1	If yes, sp	ecify Cube		IC ORIGIN? (Sp n, Puerto Rican,		Blac	E — American Indien, ick, White, etc.  BLACK	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 9 th GRADE	ATION completed) College (1-4 or 5+)	16a. DECEDENT' (Give kind of life. Do NOT)	work done use retired.)	during mo	ON ist of worki	ng		OF BUSINESS		YED	
BE COM	T. FATHER'S NAME (First, Middle, Last) CHARLES CLARK					JU	LIA	ME (First, Middle				
10 8	CAROLYN CLARK			G ADDRES	DEL	VERN	r or Rural R	D./BI	ALTO,	MD.		
1	20e. METHOD OF DISPOSITION  CX Burlel 2		20b. PLACE OF DISPOSITION OF SHEET	L M	EMO	RIAL	PAI		BAL	N - City or 1		
2	21. SIGNATURE OF FUNERAL SERVICE LICE	ensee War	~				ARCH		1101	Ε.	NORTH AVE.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DIE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditione, if eny, leading to immediate											
FICATI	Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE		ter	y	du	seas	e			
MEDICAL	PART II. Other significent condition	s contributing to de	ath but not resultin	g in the u	ınderfyli	ng cause	given in	1,000	WAS AN AUTO PERFORMED YES 2 N	?	Bb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpetient 3 🗆 DOA	OTHE	ER:			eck only one)  6  Other (S)	ecify)			
	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY 28b. 1	TIME OF	28c. IN	JURY AT ORK? YES 2			BE HOW INJUR	Y OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF it building, etc	NJURY — At home, fare: (Specify)	n, street, fa	ictory, off	ce			N (Street and N wn, State)	lumber or Run	al Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI										e(e) end menner ee stated.	
) BE C	296 BIGNOTUNE AND TITLE OF CERTIFIES	0				29c. LI	CENSE NU	MBER	296	5/2	ED (Month), Day, Year)	

WNO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Judith Thomas MD 31. DATE FILEO (MORITI, Dey, Year) 32. RI IVIAY 25 1990 Acha University 201E.

32. REGISTRAR'S SIGNATURE the Javidson-Randalls

REG. NO

permit. Pages 1, 2, 3 should

**burial-transit** 

for use as the

detached

20

funeral director, page 5 should

completely :

Bug

after death. Page 6 may be retained by

the hospital or attending physician.

FOR STATE REGISTRAR

•	ä
	Ę,
	100
5	withic
2	executed
(	8
	e law requires that the death certificate be executed within
	4
_	deat
2	the
Ē	that
	requires
,	AMP.
Č	The
DIVISION OF VIAL RECORDS, T.O. DOA 1913	HOSPITAL OR ATTENDING PHYSICIAN: The
200	ATTENDING
5	OR
	OSPITAL

2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH CARTER 90 10.20 FDWARD 4. SOCIAL SECURITY NUMBER 5. SEX S. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER I YEAR IF UNDER 24 HRS. DAVS 1X M 2 - F YRS. MARYLAND 216-01-8889 31 - 099b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9a, FACILITY NAME (If not institution, give street and number DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD ELLICOTT CITY 1 YES 2 X NO 10e. STREET AND NUMBER tog. CITIZEN OF WHAT COUNTRY? FUNERAL 3332 N. CHATHAM ROAD 21043 U.S.A. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 ANO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2XXNO Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES BY WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) JOHN DUER & SONS 12 yrs. SALESMAN ta, MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First: Middle, Last) EDWARD CARTER at LEONA RUSSELL BE notified 19a. INFORMANT'S NAME (Type/Print) 19h MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 2 JOAN LOWEREE 224 GRALAN RD. CATONSVILLE, MD. 21228 þe 20 METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery crematory of 20c. LOCATION - City or Town, State must 1 Delial 2 Cremation 3 Removat from State
4 Donation 5 Other (Specify) ENTOMBMENT LOUDON PARK CEMETERY BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 1630 EDMONDSON AVE. CATONSVILLE, MD. 21228 LEROY M. & RUSSELL C. WITZKE FUNERAL HOME filled in by the fi the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata Intarvai Between shock, or haart tallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final cremation, disease or condition Cardiac Arrythmia Minutes resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, Arteriosclerotic Cardiovascular Disease traumatic CERTIFICATION years Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): inding physician a Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 the atten Mental P injury, PART II. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE and and Renal any cell carcinoma left kidney 1X YES 2 □ NO signed Health a OF DEATH? Shows TY YES 2 NO been . Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h EXAMINER? HOSPITAL:
11 Inpatient 2 ER/Outpatient 3 DOA OTHER 1 TES 2 NO 4 - Nursing Home 5 - Realdence 6 - Other (Specify) the 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 X Natural 5 Pending 1 YES 2 NO BY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide S Could not be COMPLETED DIRECTOR: 4 Homicide determined 28 Item 29e. CERTIFIER (Check only t 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) FUNERAL within 72 h IMPORTANT: II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE THE Delt 24 Ra 20206 14 200 23 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 STEVEN H. PEARLMAN MAD. WOOD CATON AVENUE - BALTIMORE, MARYLAND

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

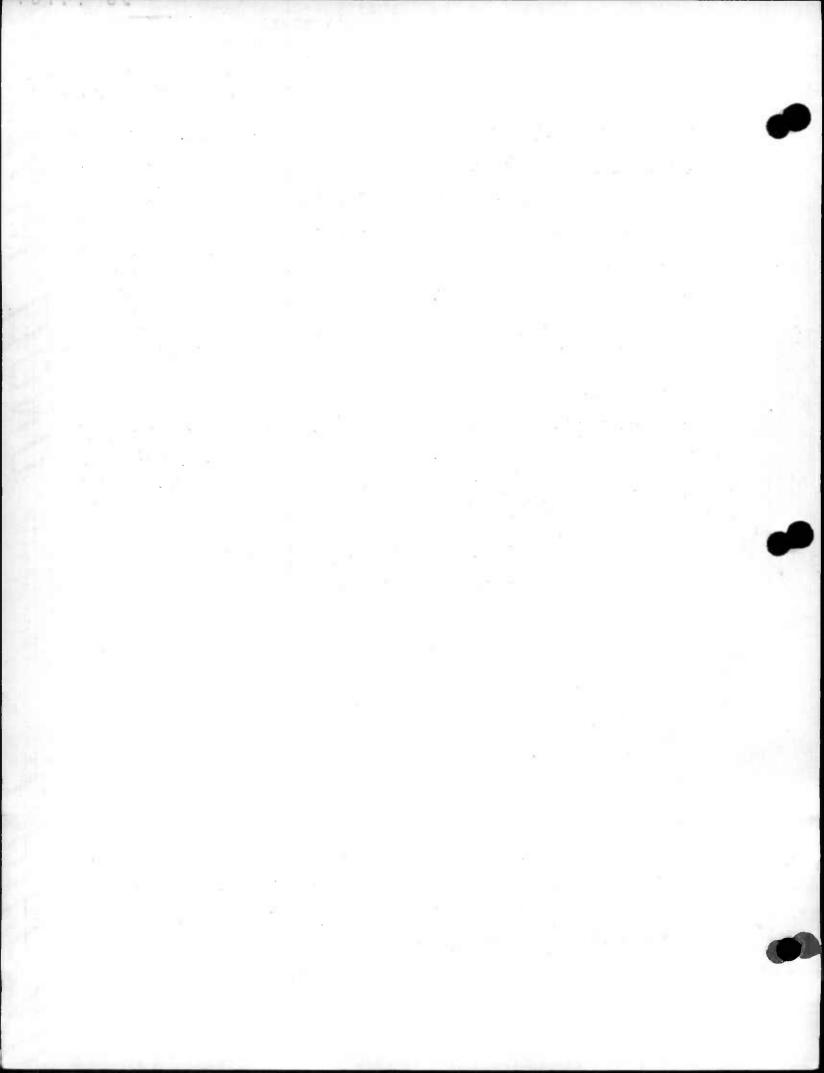
.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

EAVER ETHEL 2/90 LEBSON M HD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 - 14/37

	1 - STATE REGISTRAR	STATE OF MARYLAN	DEPARTM	ENT OF H	EALTH AND N	MENTAL HYGIE	4 1 /	-14/3	7
1	1. OECEDENT'S MAMP (Floor 14 L/2) 2 2011  ETHEL LYDIA	CLEAVER				2. DATE OF OEATH		3. TIME OF DEATH	N N
	4. SOCIAL SECURITY NUMBER			UNGER 1 YEAR	IF UNDER 24 HRS.			BIRTHPLACE (State or Foreign	
	216-10-8411 .	1 M 2 XF 7	S YRS.	CITY TOWN O	R LOCATION OF DE	NOV. 4,	1914 M	IARYLAND	
TOR	SINAL HOSPI	TAZ		BAZ	10			MORE	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	·	10c. CITY, TO	BALTI				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER			101	ZIP COOE		10g. CITIZEI	N OF WHAT COUNTRY?	
FUNERAL	428 FOLCROFT S				21224			S. A.	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2X NO	If yes, spe		IC ORIGIN? (Specify n, Pusitio Rican, etc.) ;		Black, White, etc.	
	15. OECEDENT'S EDU: (Specify only highest grade	CATION 1 completed)	6e. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATIO	N st of working	16b. KIND OF I	BUSINESS/INDUS	TRY	
COMPLETED	Elementery/Secondary (0-12) NA	College (1-4 or 5+) NA	HOMEM			OWN	HOME		
OM	17. FATHER'S NAME (First, Middle, Last)	NA I			18. MOTHER'S NAI	ME (First, Middle, Maid	len Surname)		
BE C	ANDREW WIEGAN	ID O			IDA HA	THAWAY			
TO B	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or			
F	EARL CLEAVER (	(SON)	5413 K	ING A	VE., BA	LTO., M	D. 212	:37	
	20e. METHOD OF DISPOSITION  X   Burle! 2 □ Cremetion 3 □ Rem  4 □ Donation 5 □ Other	oval from State	PLACE OF DISPOSITION (CARDEN				LTIMOR	RE, MD.	
	21. SIGNATURE OF PUNERAL SERVICE LIC	CENSSE		22. NAME AN	ID ADDRESS OF FAC	CILITY	-		
	· ( Gut	Logh				UNERAL LANE,		, MD. 2121:	3
	23. PART i. Enter the diseases, or abook, or heart failure.	complications that caused t	he death. Do not	anter the mo	de of dying, suci	n as cardiac or re	spiratory srres	t, Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		consequence of:	ma (	A-	to Bra	11	Onset and Deat	
- J	Todaking in duality	DUE TO (OR AS A C	ONSEQUENCE OF):	0					
NO	Sequentially list conditions,	b. Depsis	C /	neur	nonia				_
AT	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS A C	CHSEQUENCE OF).						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						_
CERTIFICATION	resulting in death) LAST	d.							
	PART II. Other significant condition	ne contributing to death but	not reculting in t	len ernelnelede.	- course character	Dark J. Laur 1990	AN AUTOPSY	24b. WERE AUTOPSY FINDING	
PHYSICIAN: MEDICAL	TANT II. Ottor agrillosik condition	- Contributing to destil but	not resulting in t	no underrying	g couse given in		FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	3
ED						1 _ YES	2 NO	OF DEATH?	
Σ.						-		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	ack only one)		1	_
SIC	1 VES 2 NO	HOSPITAL: 1 Impatient 2 ER/Output		THER:  Nursing Hom	e 5 🗆 Residence	6 Other (Specify)			
ЭНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT	28d. OESCRIBE HO	W INJURY OCCU	REO	_
ВУ	Natural 5 Pending Investigation		0000		YES 2 NO				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY – building, atc. (Specif)	- At home, farm, street/)	et, factory, offic	•	261. LOCATION (Street, Street,	et and Number or ate)	Rural Route Number,	
COMPLETED	Orieda Oriny	SICIAN: To the best of my knowled	dge, death occurred a	t the time, date	end place, end due	to the cause(s) and	menner as stated		
ON	one) MEDICAL EXAMINE	ER: On the basic of examination	end/or investigation, i	n my opinion, d	eath occured at the	time, date and place,	, and due to the	couse(s) and manner es stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1			29c. LICENSE NUR	ABER	29d. DATE S	SIGNEO (Month, Day, Year)	
10	30. NATHE AND ADDRESS OF BURSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	int) , )	SINA	1 HD.	0	5/02/90	
	J HAS	SMAN 2	SINA	HO	PITA	4	BAL	70 MD	
	31. DA WAY 2015 1990	STATE WALLEST - K	ndelle						



13146,	
BOX	
S, P.O.	
RECORDS,	
: VITAL	
S N	
DIVISION	

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attentioning physicians and composition for the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within fiz house state death with the State but, or retain and wenten are supporter prior to tours, or supporter prior to tours, or supporter prior to tours, or supporter prior to tours and the manufacturers. It is not to be a supported to the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to tour tours and the supporter prior to the supporter prior to tour tours and the supporter prior tour tours and the supporter prior to tour tours and the supporter prior tour tours and the supporter prior tour tour tours and the supporter prior tour tours and the supporter prior tour tours an	IMPURIANT II IIEM 26 IS MARKEU, UT HEM 25 SHUMS ONLY TO UNG MORNING OFFICE AND MARKEUS AND AND AND AND AND AND AND AND AND AND
TO THE HOSPITAL OR A	TO THE FUNERAL DIRE	be filed within 72 hours	IMPURIANT: IL IIGIII

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	1 - STATE OF MARY	YLAND / DEPARTM CERTIFIC			NTAL HYGIENI REG. NO.		
i		Anna Agnes	Dooley	2	DATE OF DEATH DA		
		SE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH	8. B	RTHPLACE (State or Foreign
	103 10 0670 1 M 2 K F	75 YRS.	CITY TOWN O	HOURS MIN.	(Month, Dey, Year) 12-21-19		New York
8							
DIRECTOR	NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT		GLEN	BURNIE		ANNE A	
E E	10e. STATE 10b. COUNTY		OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	Maryland Anne Arundel	Pa	sadena				1 TYES 2 NO
RAL	10e. STREET AND NUMBER		101.	ZIP CODE		_	OF WHAT COUNTRY?
FUNERAL	245 Arundel Road  11. MARITAL STATUS  12. WAS DECEDENT EVE	D IN U.S. ARMED	13 WAS DEC	21122 ENDENT OF HISPANIC	ORIGIN? (Specify Yes		S a A a
	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR O	ES 2 X NO	II yes, spi	city Cuban, Maxican, I 2 NO Specify:			Black, White, etc. Specify:
BY	3 Widowed 4 Divorced			z ją reo oposity.			White
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI (Give kind of work	done during mos	N at of working	16b. KIND OF BUS	INESS/INDUSTR	TY .
	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use re					
COMPLETED	8th Grade	House	Wlie	40 MOTHER'S NAME	Hom (First, Middle, Maiden	e Maker	-
	Frank Petersen			Nell			
H	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a	nd Number or Rural Rou			9)
유	Eva Staubitz	6915 P	inecre	st Road	Baltimor	e. Marr	land 21228
	20e. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION Officer place)				CATION — City	
	1 🏋 Burial 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🗆 Other (Specify)		en Mem	orial Par	k Gle	n Burni	le. Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2		D ADDRESS OF FACIL	JTY		
	* C. Kukan	Jones		ge J. Gone Ritchie			
	23. PART i. Enter the diseases, or complications that cau						Approximata
	ehock, or heart failure. List only one cause o	n each lina.	,				Intarval Between Onset and Death
	disease or condition resulting in death)	mpnyx	ma				Sylan
		AS A CONSEQUENCE OF):	~				
Z	Sequentially list conditions, b.	AS A CONSEQUENCE OF):					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):					į į
FIC	CALISE (Disease or injury	AS A CONSEQUENCE OF):					
F	recuiting in death) LAST						
	PART II Oh classificant conditions contribution to deci	th had not an existence to a	h a see da dada	a a succe al una la D	ert i. 24a, WAS AN	Alimpey	24b. WERE AUTOPSY FINDINGS
AL	PART II. Other significant conditions contributing to dea	in but not resulting in t	ne undanyin	g cause given in Pa	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC					1 YES 2	NO	OF DEATH?
Σ			_		-		1 ☐ YES 2 ☐-NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. P	ACE OF DEATH (Chec	k only one)		
[]	EXAMINER?  1 YES 2 NO  1 Input ent 2 ER/		THER:	e 5 🗆 Rasidence 6			
H	27. MANNER OF CEATH 28s. DATE OF INJU	JRY 28b. TIME C	0F 28c, IN,	URY AT	28d. DESCRIBE HOW	INJURY OCCURI	EO
	1 Netural 5 Pending (Month, Dey, 16	nar) tNJUR		YES 2 NO			
D BY	Z ACCIONIL	JURY — At home, farm, stre	et, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or F	tural Route Number,
TEI	4 Homicide detarmined						
COMPLETED	29e. CERTIFIER (Check only	knowledge, death occurred	at the time, date	and place, and due to	the cause(a) and ma	nner as stated.	
MO	one) 2 MEDICAL EXAMINER: On the basis of examin	nation and/or investigation,	In my opinion, o	leath occured at the 1	me, data and placa, a	nd due to the ca	use(a) and manner as stated.
0 3	296. SIGNATURE AND TITLE OF CURTIFIER	- 1/2		29c LICENSE NUMB	ien	29d. DATE SR	ONED Asouth, Day, Year)
3B C	90000	Mon		02809	14	10	119/97
2	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O				1	- /	7,70
	FILIOTT GORBATY,M.D. 7845 Oc	akwood Road (	Glen Bu	rnie, Maryla	and		
	31. DATE FILED MAIN DAY THE 1990 STATE THE STATE OF THE S	SHOUT STATE OF THE					

---

5 I b 3.60

1 k k k

. . . 6 6 3

			FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGII		
			1. DECEDENT'S NAME (First, Middle, Last)	7.D J	Di	ELEA		2. DATE OF DEATH	DAY	3. TIME OF DEATH  S 47A M
pin			4. SOCIAL SECURITY NUMBER 212-20-3325 9a. FACILITY NAME (If not institution, give st	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year,	0.	BIRTHPLACE (State or Foreign Country) ESSEX, Md.
2, 3 should		СТОВ	-	o gen to	SP.		L) TO			2 FORD
permit. Pages 1		DIREC	10e. STATE 10b. COUNTY	REDRE		TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?  1 YES 2 \( \square\) NO
20		ERAL	10. STREET AND NUMBER 322 P2	OSPECT	MILL		I. ZIP CODE	014		OF WHAT COUNTRY?
03-3146 attending physician. se as the burial-transit		BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 Y YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	If yes, sp	CENDENT OF HISPAI Becity Cuben, Mexics 5 2 XO Specific	NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:		RACE — American Indian, Black, White, etc. Specify: Hite
12 P		LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	S USUAL OCCUPATION  f work done during mouse retired.)		16b. KIND OF	BUSINESS/INDUS	(RY
AND the hospi	t once.	COMPL	High School & :  17. FATHER'S NAME (First, Middle, Last) ?	U of Md. E	ng,	Enginee:		ME (First, Middle, Mail		dustry
AARYL retained by 5 should be	notified at	BE	19e. INFORMANT'S NAME (Type/Print)	DeLea	19b. MAILIN	G ADDRESS (Street o	and Number or Rural	P1  Route Number, City or	ummer Town, State, Zip Co	de)
MA be reta	be not	2	Ella Jean De L	ea	322	Prospe	ct Mill	Rd. Ba	lto. M	d. 21014
6 may be ctor. page	must b		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State	other place)	OSITION (Name of cer			LOCATION — City	
ALTIMORI death. Page 6 m funeral director.			4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Greening	ount Cr	ND ADDRESS OF FA		altimo:	re,Ma.
BALTIMOR er death. Page 6 m the funeral director.	examiner		· hlilling					ton Fune		ome,Inc.
te se	medical		23. PART I. Enter the diseases, or cashock, or heart fellure.							
D 50	5 E		IMMEDIATE CAUSE (Final					,		Onset and Deeth
ithin etely	event, th		resulting in death)	COR.	A CONSEQUENCE	24 A	21 ETZ	y D	5 E 75	e I HR
13146, executed w and complete or complete	6	_		Ascu		OF):				
2 6 5	traumatic	ê l	Sequentielly list conditions, if any, leading to immediate	J	A CONSEQUENCE	OF):				
O. BOX h certificate be inding physician	or other	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):				
DS, P	Injury,	L CE	PART II. Other significant condition	s contributing to death	but not resulting	in the underlyin	ng ceuse given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
NE RECORD  le law requires that the has been signed by the has been	2 -	MEDICAL							FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
law requ	3 sho									
VITAL	Item 23	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)		
	0	PHYSIC	1 YES 2 NO  27. MANNED-OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA	4 - Nursing Hor	me 5 Residence	6 Other (Specify)	W INJURY OCCU	aen
	marked		1 Natural 5 Pending	(Month, Day, Year)	~/	NJURY W	ORK?	N	/A	***************************************
NDING NDING	O 60	D BY	3 Suicide 6 Could not be	26s. PLACE OF INJUR building, etc. (Spi	Y — At home, farm	, street, factory, offic	ce	261. LOCATION Str. City or Town, S	reet and Number or	Rural Route Number,
DIVISION DR ATTENDING DIRECTOR: After	item 28 Is	ETE	4 Homicide determined		H	A			N/A	
	IMPORTANT: If Item	OMPL	CONDUM ONLY	CIAN: To the best of my known in the basis of examination						cause(e) end menner as stated.
물 물	ORTA	BE C	29b. SIGNATURE AND TITLE OF CERTIFIC				29c. LICENSE NU	IMBER C	29d. DATE S	NONED (Month, Day, Year)
22	E S	10	30. NAME AND ADDRESS OF PERSON WE		EATH (ITEM 27) (TV	pe. Print)	102	1807	5	2390
			9.PRABHU	1810 BE	LAIR		02 8	PALLST	on r	10 21047
			31. DATE (LEO (MONTH, Day, Year) MAY 25 1990	John Davidson	Birdall					

hos	ache		CG.
the	det		6
9	og p		a p
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e ret	22		5
ay b	pag		8
E 9	ctor.		uns
age	dire		10
th.	neral		듵
dea	e fui		еха
afte	by th	E 0	cal
OURS	Ę.	. re	Thed
24 h	filled	OU.	Pe Pe
朝	etely	amati a	늘.
N P	QE.	C.	eve
cute	b.	onua	dic.
B BX	In ar	2	E
te b	Sich	prior	2
tifica	- B	ene	the
Cer	nding	Š	0 10
death	afte	Prita	5
the	the	ž	를
that	by by	h an	any
lres	Signe	leaft	£
redu	eeu	0	sho
AR!	as p	Dept	23
E.	ate !	tate	E a
JAN	urific	he S	-
13SI	is ce	dih t	pe,
G P	er th	sth v	nark
Š	. Aft	dee	89
E	PDE.	afte	28
DR A	)IRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to burial, cremation, or removal.	E E
MI	ALL	27	=
SPI	NER	thin	X
EE	E FU	d wil	F
H	E	file	400
2	H	ă	=

31. DATE FILED (MOTO).

Clara	, Middle, Last) J			Ĺ	AVIS	5		2. p. Mđ	ATE OF DEATH	1	990 3.	8:30 A M
4. SOCIAL SECURITY NUM	ER	5. SEX	6. AGE (In	rs. lest birthday)		R 1 YEAR	IF UNDER 24 HRS.		ATE OF BIFITH forth, Day, Year)		8. BIRTHPL/ Country)	CE (State or Foreign
217-09-21	88	1 □ M 2 🔀 F	75	YRS.	MONTHS	DAYS	HOURS MIN.	Ö	1-30-1	915		th Carol
9a. FACILITY NAME (If not is							OR LOCATION OF	DEATH			NTY OF DEAT	Н
Franklin		re Hospi	tal		]	Rose	dale			ltimo	re	
RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION		***		10	d. INSIDE CITY
Maryland	E	altimor	е		Rose	edal	.e				1	LIMITS?
10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CIT	IZEN OF WHA	T COUNTRY?
3 Hardwood	d Dri						21237				JSA	
11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1	YES	2 NO	13	If yes, ap	ecity Cuban, Mex	ican, Pue	HGIN? (Specify Yes orto Rican, etc.)	or No-	14. RACE — Black, W	American Indien, hite, etc.
3 ₺ Widowed 4 □ Div		IF YES, GIVE W	AR OR DATE	ES		1 TYES	2 🔀 NO Spe	cilly:			Specify: Wh	ite
15, DE	EDENT'S EDU	CATION	3	6a. DECEDENT'S	USUAL	OCCUPATION	ON		16b. KIND OF BUS	SINESS/INC		
Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5 +		(Give kind of work done during most of working life. Do NOT use retired.)								
12th		2yrs	Supervisor of Asses. Balt								imore	County
17. FATHER'S NAME (First, I									irst, Middle, Malden			
Oscar R.		)			-		-		ederse			
19a. INFORMANT'S NAME ( Erick F.	**			4-10					Number, City or Tow			21206
20a. METHOD OF DISPOSI		5	20h F				metery, crematory		Balti		City or Town	
1 Buriel 2 X Cremati	on 3 🗆 Rem	noval from State	N	etro (	Crei	nato	ry, Ir	ic.			nore,	
21. SIGNATURE OF FUNER		CENSES NU	22. NAME AND ADDRESS OF F						1			
Cooper	TO IV	lacNabb			Cren	ation	Soci	ciety c	i Ma	ary⊥a 1+0	nd MD 2122	
shock, or in immediate CAUSE (Findisease or condition resulting in death)		DUE TO	emia ORASA C	Small E	OF):							Interval Between Onset and Death
Sequentially jist condi	tions,			of Amp		a of	Vater					
if any, leading to imme cause. Enter UNDERLY					. ,	2						
CAUSE (Disease or inj that initiated events	ury			ve Jaur								
resulting in death) LA	ST	d. Obst	ructi	on of (	Comm	on Di	uct					
PART ii. Other signific	ant condition	ns contributing to	death but	not resulting	in the	underlyir	ng cause given	in Part	i. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
									PERFO		0	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
	TO MEDICAL	HOSPITAL:			ОТН		PLACE OF DEATH	(Check or	nly one)			
25. WAS CASE REFERRED EXAMINER?		1X Inpatient 2			4 □ N	uraing Ho	me 5 🗆 Residen	_				
EXAMINER? 1   YES     NO			INJURY	28b. TI	ME OF JURY	W	JURY AT ORK? YES 2 NO	28d	. DEŞCRIBE HOW	INJURY O	CURED	
EXAMINER?  1  YES  NO  27. MANNER OF DEATH	Pending	28a. DATE Of (Month, L	ay, Year)									
EXAMINER?  1 VES NO  27. MANNER OF DEATH  1 Netural 5 N  2 Accident	Pending Investigation	(Month, L		- At home, farm.	atreet, fr			281	LOCATION (Street	and Numbe	er or Rural Rou	te Number.
EXAMINER?  1 YES   NO  27. MANNER OF DEATH  1 Natural 5   Accident	Pending Investigation Could not be determined	(Month, E		- At home, farm,	, street, t			281.	LOCATION (Street City or Town, State	and Numbe	er or Rural Rou	te Number,
EXAMINER?  1 YES X NO  27. MANNER OF DEATH  1 Natural 5 Y  2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only)	Could not be determined	28e. PLACE (building.	F INJURY - etc. (Specif my knowle	y) dge, death occur	rned at the	etime, dat	ice le and place, and	due to th	City or Town, State	nner as st	Med.	
EXAMINER?  1 YES X NO  27. MANNER OF DEATH  1 Natural 5 Y  2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only)	Could not be determined	(Month, L 28e. PLACE ( building, SICIAN: To the best of ER: On the basic of a	F INJURY - etc. (Specif my knowle	y) dge, death occur	rned at the	etime, dat	ice le and place, and	due to the	City or Town, State se cause(e) and ma , date and place, a	nner as stand	nted. the couse(s) e	te Number,  nd menner ee stated.  forjih, Day, Year)

0.011.00

• .5 ( )

2

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEMS:23,27 per ME G-663

1 4 1 4 90

	FOR STATE REGISTRAR	STATE OF M		D / DEPAR CERTIF					MENTA	L HYGIENI REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Last)	Dominck		c M.					2. DATE	0F DEATH DA	Y	YEAR	3. TIME OF DEATH 12:39PM M
	4. SOCIAL SECURITY NUMBER 186-34-8760	5. SEX 1 💢 M 2 🗌 F	MONTHS DAVE HOUSE MAN (Month, Day, Year)			944	944 Pennsylvania						
E I	99. FACILITY NAME (If not institution, give st 1215 Boardwalk	9b. CITY, 1		City					EATH				
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION  Maryland Worcester County Ocean City									10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1215 Boardwalk					10	zip codi 21	842				JSA	WHAT COUNTRY?
BY	11. MARITAL STATUS  12 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES GIVE W	X YES 2	□ NO	85	yes, sp	ENDENT Cube	n, Mexice	n, Puerto	f? (Specify Yes Ricen, etc.)	or No-	Blac	E — American Indian, k, White, etc. White
COMPLETED	, 15. DECEDENT'S EDUI (Specify only highest grade Elementery/Secondery (0-12)			Ilfe. Do NOT L	work done du	iring me	ost of workli		166	Res	taur	DUSTRY	
BE COM	17. FATNER'S NAME (First, Middle, Last)  Dominic Cheste		200				Ma	ry I	Ann	Middle, Malden	lck		
TO B	190. INFORMANT'S NAME (Type/Print) Lt. Col. Ralph	n P. Dio		1260	5 Wr	igl	ntwo	od (			· Ma	rlb	
	20a. METHOD OF DISPOSITION  1												
		MAL			1	08	MIT	Lia	ms S	treet	ь <b>,</b> В	erl	in, MD 218
	23. PART I. Enter the diseases, or compilicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE AND FATTY LIVER OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	С		ONSEQUENCE	,								
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to	deeth but	not resulting	in the und	derlyi	ng couse	given in	Part I.	24e. WAS AN PERFOI	PMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \sum \) NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 A YES 2 NO 1 Input lent 2 ER/Outpet lent 3 DOA 4 Nursing Home XX Residence 6 Other (Specify)												
B	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined determined												
COMPLETED	290. CERTIFIER (Check only one)												(s) end menner as stated.
TO BE C	294 SIGNATURE AND TITLE OF GERTIFIE	4244	BE OF DESCRI	1 /	A CONT		29c. Life	OCI			29d. DA	5-3	-90 (Month, Day, Year)

111 Penn Street, Baltimore, MD 21201

THIS OF

1 à 1

5

E 4 (5)

· ·

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR		SIAIE UF I			ICATE O				REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF	DEATH DA		MEAN	3. TIME OF DE	ATH
LAWRENCE DO	WNHAM							MAY 2		990	YEAR	6:00	A. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF (Month, D	BIRTH av Vaar)		8. BIRTH Count	IPLACE (State or	Foreign
373-10-7233	373-10-7233   ¹ □XM ² □ F   88					'S HOURS	MIN.	SEPT	. 30	,190	1	VIRGIN	IA
9a. FACILITY NAME (If not ins			9b. CITY, TOV	VN OR LOCAT	ION OF DI	ATH 9c. COUNT			INTY OF D	DEATH			
8805 PARLO	ROAD			BALTI	IMORE				BALTIMORE				
RESIDENCE OF DEC	EDENT												
10a. STATE		10c. CIT	TOWN OR LO	LOCATION FIMORE				100		10d. INSIDE CI LIMITS?			
MARYLAND			DALI						1 TES 2XXX				
10e. STREET AND NUMBER					10f. ZIP COD				tog. CITIZEN OF WHAT			,	
	8805 PARLO ROAD  21236  U. S.  MARITAL STATUS  12. WAS DECEMENT EVER IN U.S. ARMED  13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yee or No												
11. MARITAL STATUS  1 Never Merried 2   XWidowed 4 Divor		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES X	ARMED NO	If yes		en, Mexica	in, Puerto Rice		or No	Spec	E — American in k, White, etc. iiiy: WHITE	dien,
	EDENT'S EDU		16a.		USUAL OCCUP			16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondery (0-	highest grade -t2)	College (1-4 or 5	+)	life. Do NOT u				,					-
NA		NA		GENE	ERAL M	ANAGI	ER	CH	EMI	CAL	CO.		
17. FATHER'S NAME (First, MI								AME (First, Midd		Surneme)			
EMANUEL	FRAN	CIS DOW	NHAM			ES	STHE	R BEN	SON				
19e. INFORMANT'S NAME (7)	i/pe/Print)				ADDRESS (Str								
SARAH SPI	INNER	(DAUGH	TER)	5902	GLEN	ARM I	RD,	GLEN	ARM	, MI	). 2	1057	
20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State		CE OF DISPO	SITION (Name o			GREEN			EEN,	bwn, State	
21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE			22, NAM	E AND ADDR	ESS OF FA	ERAL H	OME	TNC			
1 Juan	2	)= ==			9705	BELA	IR R	OAD, B	ALTÍN	MORE	, MAI	RYLAND	21236
23. PART I. Enter the di	lanases, or	complications the	t caused the	death. Do	not antar the	mode of dy	ying, auc	ch aa cardlad	or respi	ratory a	rrest,	Approxi	mate Between
IMMEDIATE CAUSE (Fin		1+			. /								nd Death
disease or condition resulting in death)	<b>→</b>	a. Melery	school	ie ho	nhown	senlur	Dus	ame O					
		OUE TO	(OR AS A CON	SEOUENCE (	OF):								
Sequantially list conditi	lona.	b										_	
If any, leading to imme	diata	OUE TO	(OR AS A CON	SECUENCE (	OF):							İ	
CAUSE (Disease or Inju		C. DUE TO	(OR AS A CON	SECTION CE	ME).								
that initiated evants resulting in death) LAS	т	302 10	(011 23 2 001	SECULIAL (	, , .								
		d											
PART II. Other significa	nt condition	s contributing to	death but no	ot resulting	In the under	lying cause	given in	Part I. 24	a. WAS AN		240	b. WERE AUTOPSY	
Dunteme	loses	•						,	YES 2		İ	COMPLETION O	
										4-4		1 YES 2	□ NO
25. WAS CASE REFERRED TO	O MEDICAL				2	6. PLACE OF	OEATH (C	heck only one)					
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 554	Residence	a 🗆 Other (S	Specify)				
27. MANNER OF OEATH		28e. DATE O	F INJURY	28b. TI	ME OF 28c	INJURY AT		28d, DESCR		NJURY O	CCUREO		
	Pending Investigation	(Month,	Day, Year)	"	M 1	WORK?	□ NO						
2 Cutata	Could not be	28e. PLACE	OF INJURY — AI	home, farm,	atreet, factory,	office					er or Rural	Route Number,	
	determined	building	, etc. (Specify)					City or	Town, State)				
290. CERTIFIER CERT	TIEVING PHYS	ICIAN: To the heat o	f my knowledge	death occur	red at the time	data and plac	a and du	e to the cause	(a) and ma	oner en el	eted		
(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and menner ea stated.  (Check only one)  Description:  EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) end manner ea stated.													
29b. SIGNATURE OF CERTIFIER / 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
161	136 B 1/185 89 > 5/25/90												
30. NAME AND ADDRESS OF	F PERSON W	O COMPLETED CAL	SE OF DEATH (	ITEM 27) (Typ	e, Print)			•			1	/	
DR. CHARLES	HATTO	ON, 7600	OSLER :	DRIVE	, TOWSO	N, MA	RYLA	ND 212	04				
MAY 25 1990	Year)	la Davidson	AR'S SIGNATUR	E									

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

S1111 00

# BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND / DEF	PARTMENT OF	HEALTH AND	MENTAL	<b>HYGIENE</b>
	CERT	IFICATE O	F DEATH		REG. NO.

	1 - FOR STATE OF MARYLAND / CI	DEPARTMENT OF		MENTAL HYGIENE REG. NO.							
	1. OECEDENT'S NAME (First, Middle, Leat) Elbeck			2. DATE OF DEATH MONTH DAY	- 90	3. TIME OF DEATH  4:17 M					
	220-20-1520 10M2 XF 64	70 1100									
8	9a. FACILITY NAME (If not institution, give street and number) BON SECOUR HOSPITAL	1000000	WN OR LOCATION OF DE LTIMRE, M	The second secon							
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	OCATION			10d, INSIDE CITY					
띰	MD	BALTIM	ORE, CIT			LIMITS?					
FUNERAL	100 STREET AND NUMBER 1100 PENNSYLVANIA AVE. AP	)T 200	21201		10g. CITIZEN OF W						
ONE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF	RMEO 13. WAS	DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes	USA or No.— 14. RACE	— American Indian, , White, etc.					
₽	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If ye	s, specify Cuban, Maxicar YES 2 NO Specify	n, Puarto Rican, etc.)		Y:BLACK					
COMPLETED	(Specify only highest grade completed) (G	ECEDENT'S USUAL OCCUI Give kind of work done during DO NOT use retired.)	PATION g most of working	16b. KIND OF BUSI	NESS/INDUSTRY						
APLI	Elementary/Secondary (0-12) College (1-4 or 5+)	OMESTIC									
BE CO	17. FATHER'S NAME (First, Middle, Last) EDWARD THORTON		ALIC		ر بر						
70	GLORIA BROWN	1205 CA		NOUTE Number, City or Town, WAY/ BALT		21224					
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) MT.	OF DISPOSITION (Name of Disco)  AUBURN	CEMETER		ATION — CIFY OF TO	7 1000					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ME AND ADDRESS OF FAC								
	Blade Warren					ORTH AVE.					
	23. PART I. Enter the diseases, or complications that caused the dishock, or heart fellure. List only one cause on each linimmediate CAUSE (Finel	e.	mode or dying, suci	n au cerdiec or respir	atory errest,	Approximate Interval Between Onset and Death					
	disease or condition										
z	DIN TO (OR AS A CONSE	UMAM+15									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. Out to out all a consequence of:  A we mean tive Heart Failure									
IFIC/	thet initiated events	f Failure Emphyesema									
CERTIFICATION	resulting in deeth) LAST	on conom 10	constin of Emphasema								
PHYSICIAN: MEDICAL (	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   1   YES 2   NO										
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH (Ch	eck only one)							
YSIC	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpetient	3 DOA OTHER:	Home 5 - Residence	8 Other (Specify)							
	27. MANNER OF OEATH  28a. OATE OF INJURY (Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW IN	JURY OCCUREO						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Homicide determined										
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
	2 MEDICAL EXAMINER: On the basic of examination and/or 29b. SIGNATURE AND-#ITLE OF CERTIFIER	investigation, in my opini	29c. LICENSE NUI		29d. DATE SIGNED						
TO BE	36 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	MY).	D18	3711	► 5 S	22 90					
	BERNARDO D. GONZALE	5 J2 m	) - 2000	W. BAU	Mare s	1, md. 21223					
	MAY 25 1990 July James And	2									

DNMN-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Actions after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

STATE OF MARYLAND / DEPARTMENT OF HEALTH	H AND MENTAL HYGIENE
CERTIFICATE OF DEA	TH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGII		50 (41.1.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATN		3. TIME OF DEATN			
	JOHN ARTHUR EMRIC	CK, SR.				MONTH 2		0 612 0 m			
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign			
	214-22-5856		7 YRS.	MONTHS DAYS	HOURS MIN.	4-11-23	M	country) [aryland			
OR	98. FACILITY NAME (If not Institution, give street and number)  96. COUNTY OF DEATH  FOURS FOR  FOUR FOR  PORT OF DEATH  PORT										
ᇈ	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10e CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY			
DIRECTOR	Maryland Ha	rford		Joppa				1 TYES 2 NO			
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?			
Ä	2303 Stockton Roa				2108.		U.S.				
3	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO			NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yee or No- 14.	RACE — American Indian, Black, White, etc.			
BY	3 KkWldowed 4 □ Divorced	IF YES, GIVE WAR OR DO	ATES	1 🗆 YES	2 NO Specifi	y:		wiii'te			
	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S U	ISUAL OCCUPATION	DN .	16b. KIND OF	BUSINESS/INDUS	TRY			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during moretired.)	st of working	0					
7		00.000 (1-4 0.0 0 +)	Road tr	acker t	railer d	river Ri	ngar En	terprises			
OM	17. FATHER'S NAME (First, Middle, Last)		11044 61	deker e.		ME (First, Middle, Mak		ter brises			
C	John Emrick				Mary F	aury					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street &		Route Number, City or	Town, State, Zip Co	de)			
2	John Emrick, Jr.		7608	Allentor	m Road	Ft Wach	ington	Md. 20744			
	20e. METHOD OF DISPOSITION	206	. PLACE OF DISPOSI				LOCATION - City				
	1 Buriel 2 Cremation 3 Remo	wal from State	other place)	Cremato	ry Inc	Ra	1+imoro	Md			
	ET. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	* Torent	Howard H. Hubbard Funeral Home, Inc.									
	23. PART I. Enter the dieceses, or c	omplications that our		410	7 Wilken	s Ave. Ba	lto. Md	21229			
	ahock, or heart fellure. I	List only one cause on e	ech line	enter the mo	de of dying, auc	n aa cerdiec or re	epiretory arrest	intarvai Batween			
	iMMEDIATE CAUSE (Finel disease or condition	1/2+	ler Fihr	10+				Onset and Death			
	resulting in death)				1			45 mm			
	DUE TO (OR AS A CONSEQUENCE OF):										
NO N	Sequentially list conditions, D. DIE TO (OR AS A CONSEQUENCE OR)										
E	th any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury C. Dur To Co. A COUNTRY OF THE CO. A COUNTRY OF										
Ē	that initiated events resulting in death) LAST										
CERTIFICATION	d										
A	PART II. Other aignificent condition	e contributing to death b	ut not reaulting in	the underlying	g cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
호	Cancer Lung.  PERFORMED?  AMALL COMP  1   YES 2   NO OF DE										
Ä								1 TES 2 NO			
ž											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			ACE OF DEATH (Ch	neck only one)					
Sic	1 TYES 2 THO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outs		OTHER: 4  Nursing Nom	e 5 🗆 Residence	8 Other (Specify)					
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRISE HO	W INJURY OCCUP	RED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(			rES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Special Control of the Contro	— At home, ferm, at	treet, factory, offic	•	281. LOCATION (Str. City or Town, St		Rural Route Number,			
1	4 Nomicide determined					Sky Si lown, Sk	,				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurre	of at the time, date	end place, end due	to the cause(e) and	manner ee stated.				
M	and and	III TO THE PARTY OF THE PARTY O						ause(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	00			29c. LICENSE NU			IGNED (Month, Day, Year)			
B	The state of the s	ToDa A	Harding P	hypricia		1207	DATE S	< /3 /9 O			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Topo	Print)	02			3/2/10			
		RANZ C-	ATH (ITEM 27) (Type,	CAM	ILLER	Falls	ton Gen	eral Hosp.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	(1).							
	MAY 25 1990										

	24	-
ŝ	within	
2	executed	
<	23	
)	9	
5	certifica	
	Ę.	
_	deat	
2	the	
Ē	that	
7	requires	
1	AMP.	
3	The	
7	PHYSICIAN:	
DIVIDION OF VITAL PECONDS, F.O. BOA 13149,	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 P	
Ś	DR.	
	OSPITAL	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.		be filed within 72 hours after death with the State Dept. of Health and Memtal Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL (	be filed within 72 h	IMPORTANT: If I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	TIEGIOTTATI				10711	- 0.			rn	G. 190.			
į.	1. DECEDENT'S NAME (First, Middle, Last) Arthur F	rank	FREY	Sr					May 25		990	YEAR	3. TIME OF DEATH 7:24 A M
	4. SOCIAL SECURITY NUMBER 216 05 9967	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIF	TH To		6. BIRTH	PLACE (State or Foreign Ito. Md.
OR	99. FACILITY NAME (# not institution, give st Franklin Squ		p.		9b. CITY	r, TOWN C	R LOCATI	ON OF DEA	ATH			nty of D ltime	
5 1	RESIDENCE OF DECEDENT						-						
DIRECTOR	Md .				y, town o		Cit	У					10d. INSIDE CITY LIMITS? 1)X) YES 2   NO
FUNERAL	4100 Souther	n Ave.				101	212				10g. CIT	US.	YHAT COUNTRY? A
BY FUN	11. YARITAL STATUS  Never Merried 2 Married  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2			If yes, sp	city Cubi		C ORIGIN? (Spe , Pusrto Rican,		or No—	14. RACE Black Speci	— Americen Indien, c, White, atc. fy:
	15. DECEDENT'S EDUC	CATION	16 p. D.	CEDENT'S	HELIAL O	CCLIDATIO	NA.		16b. KIND	OF BUILD	INIEGO/INI	DIETOV	
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)		(C)	heet	work done se retired.)	during mo	st of workii	ker	IOD. KIND			# 1	00
	17. FATHER'S NAME (First, Middle, Last) Robert E. Frey		1			·			ME (First, Middle, Kohle		Surname)		
BE													
2	19e. INFORMANT'S NAME (Type/Print)		19						oute Number, City				
-	Arthur F. Fre	y Jr.		410	0 S	out.	herr	AV	e Balt	.0.	Md.	21	206
	20a. METHOD OF DISPOSITION  F Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE MOT	of dispos elan	SITION (N	eme	netery, crer tery	netory or				City or To	
N	21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEE	pe.		1	OHA	, c	SS OF FAC	L ZD	オノ	1201	-	
	23. PART I. Enter the diseases, or cahock, or heart letters.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Bacter	caused tha dise on each line	umon	ia	r the mo	da of dy	ing, auch	aa cardlac o	er reapi	ratory ar	rest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С.	(OR AS A CONSE	** ** ** ** ** **									
EDICAL CI	PART II. Other algorificant condition Diabetes Mellit Asbestosis Expo	is	death but not	reauiting	in the U	ndariyin	g causa	givan in I		WAS AN PERFOR		246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ									-				1 PYES 2 NO
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSSITE					ACE OF I	DEATH (Che	ck only one)				
S	1 TES 2 X NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		10 5 □ R	esidencs	6 Other (Spe	cify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY	28b. TIN	IE OF JURY M		URY AT ORK? YES 2 [	□ NO	28d. DESCRIBI	E HOW II	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined		F INJURY — At h etc. (Specify)	ome, ferm,	atreet, fac	ctory, offic	•		28f. LOCATION City or Tow	l (Street e rn, State)	and Numbe	er or Rural	Route Number,
COMPLETED	Ciroca Ciny	ICIAN: To the best of											s) end menner as stated.
BE	29b. SIGNATURE AND TITLE OF CONTIFIES	u	1	10			29c. LIC	N/A	IBER		29d. DA	TE SIGNED May	25, 1990
2	30. NAM AND COORESS OF PERSON WH Dr. Coats	9000 Fra				ive	Ba	ltimo	ore, MC	) 2	1237		
	MAY 2.5 1990 &	32. REGISTRA	A'S SIGNATURE	,									

tagar ng

as the bui		
or use		
iched fr		න්
be deta		at onc
should t		tiffed a
age 5		be no
ctor, pi		unst
al dire		ner n
funer.		exami
by the	ВПОЛЕ	lical
lled in	1, Of n	me(
stely fil	mation	it, the
сотр	ial, cre	ever
n and	to bur	matic
nysicial	prior	r trau
fing ph	lygiene	othe
atten	ental H	ry, or
by the	and Me	J Intu
gned	eatth a	rs an
been s	. of H	show
e has	e Depl	m 23
rtificati	e Stat	or ite
this ce	with th	ked,
After 1	death	s mar
CTOR:	after	28 1
L DIRE	Phours	Hem
FUNERAL	within 72	TANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the building the building the building by the funeral Hygiene prior to building comments or removal.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

0

CERTIFICATION

PHYSICIAN: MEDICAL

BY

ETED.

COMPL 

BE

2

4 Homicide

1990

25

0

28

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

ial-transit permit. Pages 1, 2, 3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH HEINRICH FISCHBACH 05 - 23 - 904. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Mar 28 DAYS HOURS Germany 1 [X] M 2 [] F 1904 107-05-4831 86 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE COUNTY RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a STATE 10h COUNTY 16 ... ... Y. TOWN OR LOCATION 1 TES 2 NO Maryland Baltimore Baltimore 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7008 Heathfield Rd. 21212 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOUNG 1 Never Married 2 N Married If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 - YES 2 - (NO Specify Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Years Moulder Foundry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Fischbach Rosina Kranz 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Irmgard Fischbach 7008 Heathfield Rd.Baltimore. Md. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Greenmount Cemetery Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James F. Burnside, Jr. Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on sech line. Onset and Death IMMEDIATE CAUSE (Final disease or condition a. Hypertensive cardiovascular heart disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Chronic passive congestion of liver Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING Chronic pyelonephritis with obstructive calculus in CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events left pelvis recuiting in daeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 X YES 2 NO DF DEATH? TE YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 6 Could not be

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DL Jugel D28885 5/23/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. - GBMC: 6701 N. Charles Street: Towson, MD 31. DATE FILED (Month, Day, Year)

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

Julia Jaindson - ASSISTATURE

permit. Pages 1, 2, 3 should

763	200	105 0	5/20/9
FUEL.		18 6	
		oLil	ZA .
F#94	PEG -	TAR	1.6

90 14147 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 3. TIME OF DEATH 6 5 21 90 Funk Lillian E. 4 SOCIAL SECURITY NUM. TR 1 5. SEX 6. AGE (In yrs. last hirthday) IF UNDER 1 YEAR (Month, Day, \\*\* 8. b.X... Countr ACE (State or Foreig IF UNDER 24 HRS. MONTHS DAYS HOURS □ M 2 X F 95 Maryland 94 10/19/1895 214-74-7710 Se. FAMILITY .. AME I'M not instit. 9h C/\*\* TOWN OR LOCATION OF DEATH St. Joseph's Hospital DIRECTOR Towson Baltimore 10d. INSIDE CITY
LIMITS?
1 YES 2 NO 10c. CITY, TOWN OR LOCATION MD Baltimore 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21234 8111 Dalesford Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 🎉 X NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merried Spec#White 1 TES 2 NO Specify: ΒY ¥X Widowed 4 □ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) unknown homemaker own home 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumeme) Arthur Valke Katie Reiman notified at 8 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 7755 Eastdale Road/Balto. MD 21224 Arthur Funk þe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Removal from State must Öaklawn Baltimore, Cemetery 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Moran-Ashton Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arre-224 medical shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the diaaase or condition ABLE CEREBROY ASCULAR reaulting in death) other traumatic event, CERTIFICATION Sequentially list conditions, If any, leading to immediata causa. Enter UNDERLYING FIBRILLATION **CAUSE** (Disease or Injury that initiated events resulting in death) LAST 0 injury, PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE NOW INJURY OCCURED 1 X Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Nomicide 29a CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basic of examin

29b. SIGNATURE AND TITLE OF CERTIFIER

BE 2

29c. LICENSE NUMBER

29d, DATE SIGNED (Month, Day, Year)

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Spor. Print)

" MATE 2" 5" 1990

32. RECESTRAN'S SIGNAMO

DNMH-16 Rev 1/89

11.11 - 15 F. S. II received of the same than

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat. cremation. or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF					VIENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	RENCH						2. DATE O	OF DEATH	a o'	3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER / 5.	SEX 8. AGE (	in urs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		Country)	CE (State or Foreign
	220 092848 1		YRS.		Y, TOWN O			04	25 0	9c. COUNTY		yland
DIRECTOR	LOCH RAVEN YA	HOSPITA	4		4LT		RE	- 1	ity		OF DEAT	
2	100. STATE 10b. COUNTY		10c. Cf	TY, TOWN	OR LOCAT	ION					10d	. INSIDE CITY
	MD ====	==		Balti	Lmore						128	LIMITS?
3AL	10e. STREET AND NUMPER				101	ZIP CODI	7 7	Ó		10g. CITIZEI		COUNTRY?
FUNERAL	1038 Rockhill	Avenue . Was decedent ever in	U.O. LEMED	- 140		٨١.	25	10.000			S.A.	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA World War	2 NO	13.	It yes, spi		n, Mexica	n, Puerto R	(Specify Yee ican, etc.)	or No — 14	Black, Wi	American Indian, nite, etc.
COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade con	ION	16a. DECEDENT'	work done	during mo-	N st of working	10	16b.	KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12) C	College (1-4 or 5+)	Mach	use retired.)					Pana	& Twi		
DWC	17. FATHER'S NAME (First, Middle, Last)		Mach	THIE		16. MOT	HER'S NA	ME (First, M	Rope		ie ce	) •
	Oliver Fr	anklin Fren	ch				Mary	- 1	iesing			
TO BE	19e. INFORMANT'S NAME (Type/Print)			G ADDRES	S (Street e	nd Number	or Rural I		er, City or Town		de)	
F	Marjorie E. Fre							Bal				21229
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remova	I from State	other place)							CATION — CIN		
	4 Donation 5 Other (Specify)  21. SIGNATUBE OF FUNERAL SERVICE LICENS		Glen Ha	22	. NAME AP	D ADDRE	SS OF FA	CILITY				Maryland
	Kloma Mi	3	en-11						uneral			21225
	23. PART I. Enter the diseases, or conshock, or heart feliuse. Lts immediate Cause (Final disease or condition resulting in death)	plications that cause on early one cause one cause	sch line.	not anta	r tha mo		Ing, suc	h ss card				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A										
MEDICAL	PART II. Other algnificant conditions of	ontributing to death b	ut not reauiting	j in the u	ndarlyin	g cause	given in	Part i.	24e. WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE 0EATH?  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF D	EATH (Ch	eck only on	0)		L	
SIC		IOSPITAL: ☐ Inpatient 2 ☐ ER/Outp	etient 3 🗆 DOA	OTHE 4   Nu		10 5 □ R	esidence	6 🗆 Other	(Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. T	ME OF JURY M		URY AT PRK? YES 2	NO	28d. DES	CRIBE HOW I	NJURY OCCUI	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, fe	ctory, offic	•		28t. LOCA	ATION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER:											d manner se stated,
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	paul W	W133	5		29c. LIC	ENSE NUI	MBER		29d, DATE S	IGHED (MO	Day, Year)
j=-	30. NAME AND ADDRESS OF PERSON WHO CO	or with	MEN	Print)	VC	)					1	
- 1	34. DATE BLIDS BASHIEL Day, Years	#32. REGISTRAR'S SIGN	MANDE									

By / articul.

or Mary

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

0

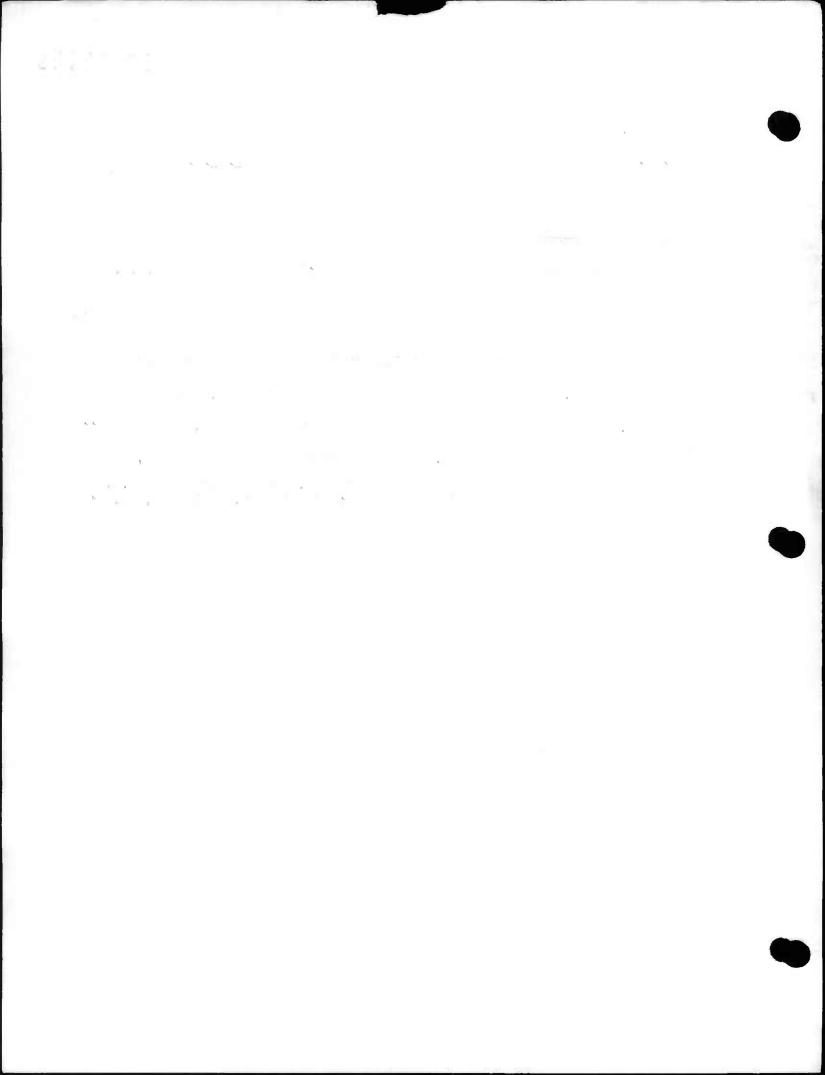
いなり

5

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE OF REGISTRAR	MARYLAND /		MENT OF H		MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARY F • FLUDD					2. OATE O	DE DEATH DAY 2	1 199	AP 3	TIME OF DEATH
ľ	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	MC	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month,	Day, Year)		Country)	ACE (State or Foreign
	21 2 16 5552 t M 2 16 F	70	YRS.	0.51			16-19	9c. COUNTY		yland
œ	THE JOHNS HOPKINS HOSPITA	AT.		BALTIMOI	R LOCATION OF DE	AIH				" CITY
6	RESIDENCE OF DECEDENT							DINITI		
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT	ON					od. INSIDE CITY LIMITS?
	Maryland =====		LBd	timore	ZIP CODE			10g, CITIZEN	_	X YES 2 NO
FUNERAL	8203 Box Drive				21226			U.	S.A.	
5	11. MARITAL STATUS 12. WAS OECEO	ENT EVER IN U.S. AR			ENDENT OF HISPAN			or No- 14.	RACE	- American Indien, White, stc.
BY		WAR OR DATES			2 NO Specify		rount, acosy		Specify:	221020
- 11	15. DECEDENT'S EDUCATION	16e. DE	CEDENT'S US	UAL OCCUPATION	N	16b.	KINO OF BUS	INESS/INOUS	rRY	White
틻	(Specify only highest grade completed)  Elemantary/Secondery (0-12)  College (1-4 or	Hfm	ilve kind of wor . Do NOT use i	k done during mos etired.)	at of working					
COMPLETED	2 year	s	Socia	l Worke				e Agen	cy	
	17. FATHER'S NAME (First, Middle, Last)  John C. Todd				16. MOTHER'S NAI					
H	John C. Todd  190, INFORMANT'S NAME (Type/Print)	19	b. MAILING A	DDRESS (Street or	La Number or Rural F			Miller		
임	Lynn M. Parsons	8	256 Ba	yside 1	rive	Pasa	dena,	Maryl	and	21122
1	20e. METHOD OF DISPOSITION 130 Burlel 2 Cremetton 3 Removal from State	other ni	Ince)		netery, cremetory or			CATION — City		11107.11
	4 Donation 6 Other (Specify)	Mt.	Carme	el Ceme		AH 1771	Pa	sadena	, Ma	aryland
	A SIGNATURE OF UNERAL SERVICE LICENSEE	11/			DADDRESS OF FAME		unera	l Home	P.A	١.
_	23. PART I. Enter the disesses, or complications to	1000	ce		Ritchie					
	shock/ or heert fellure. List only one of			enter the mo	ae or ayıng, suc	n ss cero	lec or respi	ratory srrest	*	Approximate Interval Between Onset and Dasth
İ	IMMEDIATE CAUSE (Fine)	LARGE	In	TRA CR.	ANIAC .	3/e	ed			24 hrs.
ŀ	resulting in death) e	TO (OR AS A CONSE	OUENCE OF):		1					
Z	Sequentisity flat conditions, b.	TO (OR AS A CONSE	Nenis	mel B	leed)					48 hrs.
ATIC	if sny, leeding to immediate cause. Enter UNDERLYING	TO (OR AS A CONSE	QUENCE OF	grest	_					10 00
임	CALLOT (Disease or Injury	TO (OR AS A CONSE		777 -07						To pro-
CERTIFICATION	resulting in death) LAST									
AL C	PART II. Other significent conditions contributing	to death but not	resulting in	the underlying	g csuse given in	Part I.	24a, WAS AN			VERE AUTOPSY FINDINGS
						_	PERFOR			MAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?
빌										YES 2 LNO
ä		_								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		0 0 000	OTHER:	ACE OF DEATH (Ch					
HXS	27. MANNER QE-DEATH 28e. DATE	OF tNJURY	26b. TIME	OF 26c, INJ	e 5 🗆 Residence			NJURY OCCUP	RED	
ВУ Р	1 Natural 5 Pending	n, Day, Year)	INJU		PRK? YES 2 NO					
ED B	3 Suicide 6 Could not be 28e. PLAC build	E OF INJURY - At h	ome, farm, atr	set, fectory, offic	•	26f. LOC City	ATION (Street I	and Number or	Rural Ro	ute Number,
	4 Homicide determined			<u>.</u> .						
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of the be									and manner se stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	000			29c. LICENSE NUI	MBER		29d. DATE S	IGNED (	Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	ALLE OF DEATH AT	PM 271 /Fm 1	Print)	2781	7		5/	2/	150
	DAVID W. Allen	MO	To	has A	Hopkins	14	En. 1	none	time	re, mo
	31. DATE FILED (Month, Day, Year) 5/APR 12/5 1990	Davidson-A	and the			V				



	_
'n	
ب	
◂	
$\overline{}$	
ന	
_	
$\sim$	
$\sim$	
0	
ズ	
щ	
÷.	
u	
Ξ.	
0	
. P.O. BOX 13146	
m	
×	
~	
느	
റ	
$\kappa$	
U	- 11
ш	
=	
UL.	
_	
d	
~	
_	
~	
~	
щ,	
0	
OF VITAL RECORDS	
_	
2	
0	
V	
DIVISION	
-	
>	
-	
0	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attributing physician and completely liled in by the tuned in by the tuneral director, bages as the bunar-litarish permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burnal, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--	--

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENE	:		
1. DECEDENT'S NAME (First, Middle, Last)		VEITH IQ.	AIL O.	DEATH.		OF DEATH			TIME OF DEATH
FLORENCE	GRAY				MONTH 5	23	9	P	106 Pm
4. SOCIAL SECURITY NUMBER		MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month,	OF BIRTH , Day, Year)		Country)	CE (State or Foreign
212-30-1316  9s. FACILITY NAME (If not institution, give st	1 M 2 F	82 YRS.	OUT TOWN O	R LOCATION OF DE		10-	9c. COUNTY		MD.
UNIVERSITY HO				MORE, (			9C. COURT	OF DEAL	1
RESIDENCE OF DECEDENT					2111				
10a. STATE 10b. COUNTY			T M O D E						I. INSIDE CITY LIMITS?
10a. STREET AND NUMBER		DALI	I MORE	ZIP COOE			10g. CITIZE		YES 2 NO
5511 LOTHIAN	RD.			21212	2			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IF FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPAN	NIC ORIGIN:		or No— 14		American Indian, hita, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES	2 NO Specify	y:	Hickory, Microsy			BLACK
15, OECEDENT'S EDUC	CATION	18a. DECEDENT'S USU	AL OCCUPATION	ON	16b.	KIND OF BUSI	INESS/INDUS	TRY	
(Specify only highest grade Elementary/Secondary (0-12) 6 th GRADE	completed) Collaga (1-4 or 5 +)	(Give kind of work of life, Do NOT use ret		st of working					1.00
		DOMES	IIU						
17. FATHER'S NAME (First, Middle, Last)  ROBERT JOHNSO	1 B I			18. MOTHER'S NA					
19a. INFORMANT'S NAME (Type/Print)	N	T 40h MAILING AO	ARECC (Street a	ALUIN		BUR Der City or Town		n-da)	
BERNICE ALLE	. N			IAN RD.					21212
20e. METHOD OF DISPOSITION	201	b. PLACE OF DISPOSITIO			-	_	CATION — CIT		
1 🂢 Burlal 2 🗀 Cremation 3 🗀 Rame 4 🗀 Donation 5 🗆 Other (Specify)	A A	RBUTUS 1	MEMOR	IAL PAR	: K	ARI	BUTUS	. M	)
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ID ADDRESS OF FA	_				
> Glade	o Was	۵00	WM.C	. MARCH	L F.H	4. 11¢	01 E.	NOF	RTH AVE.
23. PART I. Enter the diseases, or can be shock or heart feiture	omplications that cause List only one cause on a								Approximate Interval Between
IMMEDIATE CAUSE (Finei								ļ	Onset and Death
disease or condition resulting in death)	OUE TO (OR AS	- Afri	617						
	HEANT	A CONSEQUENCE OF):	10						
Sequentisity list conditione,		A CONSEQUENCE OF):	76						
If sny, leading to immediate cause. Enter UNDERLYING	c								
CAUSE (Disesse or Injury that Initisted events	DUE TO (OR AS /	A CONSEQUENCE OF):							
resulting in deeth) LAST	d								
PART II. Other significant condition	s contributing to deeth i	out not resulting in th	he underlying	g cause given in	Part I.	24a, WAS AN			RE AUTOPSY FINOINGS
						1 TYES 2		CO	MPLETION OF CAUSE
								1	YES 2 NO
								$\perp$	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Ch					
27. MANNER OF CEATH	1 ☐ Inpetient 2 ☑ ER/Out	28b. TIME OF	F 28c. INJ			CRIBE HOW IP	NJURY OCCU	REO	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	r wo	YES 2 NO					
3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stree	it, factory, offic	a .		ATION (Street a or Town, State)	nd Number or	Rural Route	e Number,
4 Homicide detarmined									
CORRUN ORBY	ICIAN: To the best of my know	wledga, death occurred at	t the time, deta	and place, and due	s to the cau	use(a) and man	iner as stated	l.	
one) 2 MEDICAL EXAMINE	ER: On the beals of examination	on and/or investigation, in	n my opinion, d	leath occured at the	ime, data	and place, en	d due to the	cause(a) an	id manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R	7		29c. LICENSE NUI	MBER		29d. DATE 5	SIGNED (Mo	onth, Day, Year)
Some.	Mil	)		1)28	ノイ			> 0	23-93
30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	st	2.1+	N	10	Umn	nc 7	-R.
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			15000		V/	000	120	
S - MAB 2-5/1991	1 Sulia Saindra	A. Randall							

	27
ő,	within
1314	menitar
×	2
. BO	rtificate
0	20
ص	death
2	94
Ë	that
ECO	ractiirac
u.	36
Z	- Pa
OF VI	DELVCICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OCCUTAL OR ATTENDIALS DEVOLUTAN. The law requires that the death certificate he executed within 24
$\leq$	0
L.	OCDUTAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	e funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should J.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE				
	1. DECEDENT'S NAME (First, Middle, Last)  MACA RE	7 64	GUTHRIDGE	IDE	E	2. DATE OF D	J3 9	FAB	12 05 M		
	4. SOCIAL SECURITY NUMBER 2/305/758 96. FACILITY NAME (If not institution, give s	1 - M 2 OF 9	2 YRS. MOI	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	100 1981	h/ Day, Yan/) Country)				
TOR	MANOR CARE RESIDENCE OF DECEDENT	Ruxton	1	8001 M	U. CHARA			Jo .	,		
DIRECTOR	10a. STATE 10b. COUNT	RFORD	10e. CITY, TO	BEL AI				- 1-	I. INSIDE CITY LIMITS? YES 2 V NO		
RAL	10e. STREET AND NUMBER			101.	21014		10g. CITIZE	COUNTRY?			
BY FUNERAL	320 PRINCETON LAN  11. MARITAL STATUS  1 Never Married 2 Merried  3 Merried 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 V NO		ENDENT OF HISPAN	, Puerto Rican,		U.S.A.  14. RACE — American Indien, Black, White, etc.  Specily: WHITE			
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos	IN st of working	16b. KINS	OF BUSINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	NSURANCE	COMPA	ANY							
	17. FATHER'S NAME (First, Middle, Last)	- D			16. MOTHER'S NAM						
) BE											
10	EDNA H. SMITH 320 PRINCETON LANE BEL AIR MARYLAND 21014										
	20e. METHOD OF DISPOSITION  1 N Burlet 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  GREEN MOUNT 5/25/90  20c. LOCATION — City or Town, State  BALTIMORE MARYLAND										
	21. SIGNATURE OF FUNERAL SERVICE LI	DENNIS		22, NAME AN	D ADDRESS OF FAC	BAL	TIMORE ME				
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	na contributing to death b	out not resulting in t	he underlying	g cause given in		WAS AN AUTOPSY PERFORMED?	COL	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
IYSI	1   YES 2 NO	1   Inpetient 2   ER/Out	patient 3 DOA 4	4	e 5 🗆 Residence			200			
ВУ РН	1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJUR	Y WO	VES 2 NO	28G. DESCRIE	BE HOW INJURY OCCU	HED			
- 11	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre- city)	et, factory, offic		28f. LOCATION City or Tox	N (Street and Number or wn, State)	Rural Route	Number,		
COMPLETED	anal anny	SICIAN: To the best of my know IER: On the basis of examination							d manner as stated.		
TO BE C	29c, LICENSE NUMBER 29c, LICENSE NUMBER 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Dey, Year) 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Dey, Year) 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Dey, Year)										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  A.H. GHILADI, MD. 7660 OSLER Dr. Towson 21204										
	MAY 9 5 1000 2	32. REGISTRAR'S SIGN	VATURE								

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

03/09/34 排

90

FOR

	- STATE REGISTRAR		CE	RTIF	ICATI	E OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	2. Di							OF DEATH		YEAR	3. TIME OF DEATN	
	HARRY J.		GILLIS,	SR.				монтн 05			1990	3:45 P M	
i	4. SOCIAL SECURITY NUMBER 219-30-4121		AGE (In yrs. last		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	Pay Apr		s. BIRTH Countr Ma	PLACE (State or Foreign ryland	
OR OR	99. FACILITY NAME (If not institution, give st  THE JOHNS RESIDENCE OF DECEDENT		OSPITAL	,		LTI	OR LOCATION OF DE	EATH			INTY OF D	eath RE CITY	
DIRECTOR	100. STATE 100. COUNTY Maryland -	,			v, rown o		TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 3126 Dillon Stree	:t					21224			U.S.A	OF WHAT COUNTRY?		
à	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 XN	YES 2 NO If yes, specify Cuban, Mexica						E — American Indien, K, White, etc. White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(GN	re kind of Do NOT u	work done se retired.)	during mo	ON st of working	16b.	Man		turin	ıg	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Gilbert John Gil	lis, Sr.		18. MOTHER'S NAME (First, Middle, Maiden Surneme) Edna Armstrong									
10 B	19a. INFORMANT'S NAME (Type/Print) Mrs. Jeanette J.	Gillis		19b. MAILING ADDRESS (Street and Number or Aural Abute Number, City or Town, State, Zip Code) 3126 Dillon Street, Baltimore, Md. 21224								4	
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) Meadowridge Memorial Park  Baltimore, Meadowridge Memorial Park												
	22. NAME AND ADDRESS OF FACILITY Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 2											2122/1	
	23. PART I. Enter the diseases, or canonical shock, or haart failure.											Approximate interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):								Iwak			
NO NO	Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OR)									YEARS			
DICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	eeding to immediate Enter UNDERLYING (Disease or Injury listed events  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										YEARS'	
MEDICAL C	PERFORMED? 1									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?  1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF DEATH (Ch	neck only on	10)				
Y PHYSICIAN: ME	1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TI		28c. IN	JURY AT ORK? YES 2 NO		(Specify)	INJURY O	CCURED		
TED BY	2 Accident 3 Suicide 6 Could not be determined	28a. PLACE OF I building, et		URY — At home, farm, street, factory, office					ATION (Street or Town, State		er or Rural	Route Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m										e) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CENTERIA MAD MAD MAD MAD MAD MAD MAD MAD MAD MA												
	30. NAME AND ADDRESS OF PERSON WH	ROMINEUL	MA	1 27) (Typ	6, Print)	N	. WXVs	57	ALT	CINI	PE V	40 21205	
	31. DATE FILEO (Month, Day, Year)	Sur live	S SIGNATURE	11.50							,		

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. mours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

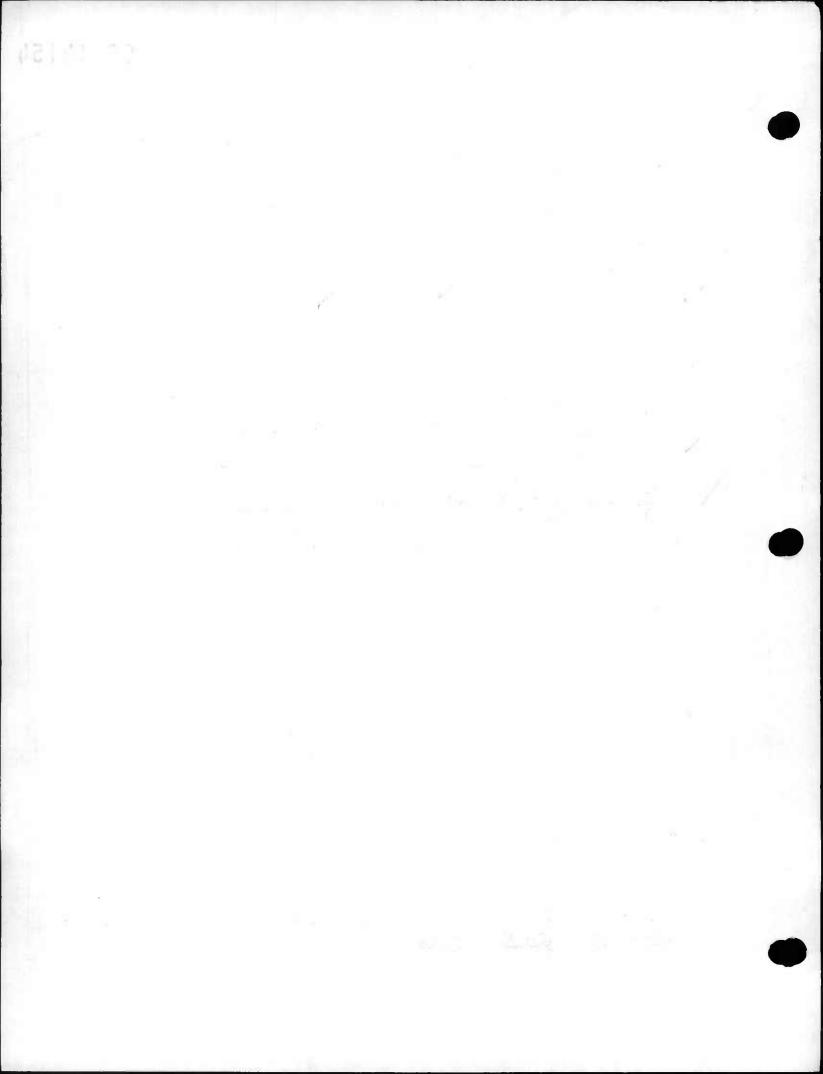
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

				JAIL O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)				G 11	2. DATE	of DEATH DA	3. TIME OF DEATH				
Mar	4	М.		Gibso		-			5:41PM w		
4. SOCIAL SECURITY NUMBER 237 - 48 - 2214	5. SEX	6. AGE (In yrs. le	YRS.	IF UNDER 1 YEAR	HOURS MIN.	(Monti	of BIRTH h, Day, Year) 25		BIRTHPLACE (State or Foreign Country)  N.C.		
90. FACILITY NAME (N not institution, give 3509 W. Frankli					altimore			9c. COUNTY	OF DEATH		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	тү			town on Loc				-	10d. INSIDE CITY LIMITS?  1X YES 2 NO		
10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF			
3509 W. Fran			21229			SA					
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		YES 2X						or No—   14.	RACE — American Indian, Black, White, etc. Specify: 1 a C K		
15, DECEDENT'S ED (Specify only highest grad		16a, D	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				KINO OF BUS	SINESS/INDUST	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5	His.	(Give kind of work done during most of working life. Do NOT use retired.)				Mac	ke Co	o <b>.</b>		
17. FATHER'S NAME (First, Middle, Last) William	Mashbu	ırn			16. MOTHER'S NA			sumama) 1 d s e y			
19a, INFORMANT'S NAME (Type/Print)	Mashbe		DE MAILING A	Annaess /Street	et and Number or Rural			r(a)			
Rico Mash	burn	1"			iam Rd.						
20s. METHOD OF DISPOSITION 1 💢 Burlet 2 🗆 Cremetton 3 🗆 Re 4 🗆 Donation 5 🗀 Other (Specify)	moval from State	20b. PLACE	E OF OISPOSIT	s Mem		.LOCATION - City or Town, State Arbutus, Md.					
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	- (	Duca	22. NAME	AND ADDRESS OF F			Da ca.	J, 114.		
March F.H. West 4300 Wabash Ave.											
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Arteriosclerotic cardiovascular disease and bronchitis  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):											
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b										
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	(OR AS A CONSI	EOUENCE OF)	1:	ring ceuse given in	n Part I.	24a, WAS AN PERFOI		AVAILABLE PRIOR TO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSI	EOUENCE OF)	1:	ying ceuse given in	n Part I.		RMEO?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions to the condition of the condi	b	(OR AS A CONSI	EOUENCE OF)	: the underly	ring ceuse given in		PERFOI 1-12 YES 1 INSPE	RMEO?	COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions to the condition of the condi	b. DUE TO c. OUE TO d. One contributing to  HOSPITAL: 1   Inpatient 2    28e. DATE Of (Month, I	(OR AS A CONSI	resulting in	28 OTHER:	PLACE OF DEATH (Come 5 Note of the come state of the come of the c	iheck only o	PERFOI  1-1 YES 2  INSPE	RMEO?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES XXXIVO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other algnificant conditions are also as a series of the conditions of the	b. DUE TO c. OUE TO d. ONE CONTributing to  HOSPITAL: 1   Inpatient 2 (Month, in 28e, PLACE 0)	(OR AS A CONSI	resulting in	28 OTHER: 4   Nursing H	PLACE OF DEATH (Common 5 X Marieldence Injury) AT WORK?  YES 2 NO	6 Oth	PERFOI  VES :  INSPE	CTION  CHON  ONLY	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES XXXIVO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other algnificant conditions are all the conditions of th	b. DUE TO c. OUE TO d. ONE CONTributing to DOE CONTributing to DOE CONTRIBUTING TO DOE	deeth but not deeth but not deeth but not leave the final fi	resulting in  3 □ DOA □ 28b. TIME □ INJU	28c. JRY M 1 [reet, factory, o	PLACE OF DEATH (C) Home 5 New Idence INJURY AT WORK?  YES 2 NO Write	theck only a  6 Oth 28d. 0E	INSPE  INSP  INSPE  INS	CTION  INJURY OCCUP  and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES XXXINO  REO  Rural Route Number,		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other algnificant conditions are all the conditions of th	b. DUE TO c. OUE TO d. One contributing to  HOSPITAL: 1   Inpatient 2   28e. DATE Of (Month, in the best of the be	deeth but not deeth but not deeth but not leave the final fi	resulting in  3 □ DOA □ 28b. TIME □ INJU	28c. JRY M 1 [reet, factory, o	PLACE OF DEATH (C) Home 5 New Idence INJURY AT WORK?  YES 2 NO Write	theck only of 6 Oth 28d. OE 28d. OE 28d. LO Ch	INSPE  INSP  INSPE  INS	CTION  INJURY OCCUP  and Number or  nner as stated.  Indidue to the company of th	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES XXIVINO  REO  Rural Route Number,		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions are also as a condition of the condition of th	DUE TO  C. OUE TO  d. ONE CONTRIBUTING to  HOSPITAL: 1   Impatient 2 (Month, impatient) 2  28e. DATE Of (Month, impatient) 2  28e. PLACE of building  VSICIAN: To the best of the building  WHO COMPLETED CAL	deeth but not  deeth but not  ER/Outpatient  INJURY  Jet. (Specify)  I my knowledge, examination and/o	DOA 28b. TIME INJUNIONE, farm, st	286. OTHER: 4   Nursing h 1 (reet, factory, o	PLACE OF DEATH (Come 5 Magnidence IMJURY AT WORK? VES 2 NO office Sate and place, and dun, death occured at the 29c. LICENSE NO	284. LOCIO	INSPE INSPE	CTION  CTION  INJURY OCCUP  and Number or  nner as stated.  and due to the company of the compan	ANAILABILE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES XXINO  REO  Rural Route Number,  ceuse(e) end manner as stated.  SIGNED (Month, Day, Year)  5-24-90		

OHMH-16 Rev 1/89

te be executed within 27 nours after death. Page 6 may be retained by the hosp	sician and completely filled in by the funeral director, page 5 should be detached prior to burlal, cremation, or removal.	traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF M				HEALTH AND	MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	JOAN MA	RIE GR	IFF	IN		2. DATI			AR 2	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER		8. AGE (in yrs. last t	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE	OF BIRTN th, Day, Year)	8.1	BIRTHPI	LACE (State or Foreign	
	340-32-9457	1 □ M 2/XF	51	YRS.	MONTHS DAYS	HOURS MIN.	1	-2-3		Country)	IOWA	
	9a. FACILITY NAME (If not institution, give s	,			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DE/	ATN	
OR	3612 ESTHER PL	ACE			BALTI	MORE, C	ITY					
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR LOC	ATION		IOd. INSIDE CITY				
DIRECTOR	MD.					E, CITY			LIMITS?			
	10e. STREET AND NUMBER			2711		Of. ZIP CODE			10g. CITIZEN		IAT COUNTRY?	
FUNERAL	3612 ESTHER PL	ACE		21224						П	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN D.S. ARM	ED	13. WAS DI	ECENDENT OF NISI	PANIC ORIGI	N7 (Specify Yee	or No- 14.	RACE -	- American Indian, White, etc.	
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	,	1   YE	S 2 NO Spe	ican, Puerto icify:	Hican, etc.)		Specify		
ED B	15. DECEDENT'S EDU	I CATION	140.000		USUAL OCCUPA		1.00				WHITE	
=	(Specify only highest grade	completed)	(Give		rork done during i		16	b. KIND OF BUS	INESS/INDUST	RY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			AID OF	THE LO	ORD		REI	TGO	niis	
COMPLET	17. FATHER'B NAME (First, Middle, Last)					The second second		Middle, Meiden 3		100	300	
BE C	FRANCIS C.	GRIFFIN				DORO	THEY	HASEL	MAN		- 3	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stree	t and Number or Ru	ral Route Nur	nber, City or Town	, State, Zip Coo	ie)		
F	JEAN JOMIDAD 3612 ESTHER PLACE, BALTIMORE, MD. 21224											
	Dec. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Removal from State  4 Donation 8 Other (Specify) ST. ELIZABETH CONV. CEM.  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  ST. ELIZABETH CONV. CEM.  BALTIMORE, MD. 21218											
	4 Donation 8 Other (Specify)		ST.	ELIZ					TIMOR	E,N	4D. 21218	
	21. SIGNATURE OF PUNERAL SERVICE LI	DENSEE CO	0 1	1							AD 21212	
	Edwar	IN C	enkin	h	H.W	.JENKIN	NS AN	ID SON	s co.	BA	ALTO, MD.	
	23. PART I. Enter the diseases, or shock, or heart fellure.			th. 🖒 n	ot enter the n	node of dying, a	uch es ce	rdiec or respir	ratory srrest		Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	Onset and Death  a. CHRUNIC LYMPHOCYTIC LEUKEMIN 74RS  DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death)	DUE TO (	OR AS A CONSEOL	JENCE OF	7 <i>777100</i>	4/10	rev	KEM!	//1		1723	
z												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSEQU	IENCE OF	2.							
Ē	that initiated events resulting in death) LAST	332 10 (	OR AS A CONSECU	JENGE OF	· j.						İ	
CE		d									1	
CAL	PART ii. Other significant condition	is contributing to	leath but not re	suiting I	n the underly	ng cause given	in Part I.	24a. WAS AN		1	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
								1 🗌 YES 2	₩ NO		COMPLETION OF CAUSE OF DEATH?	
MEDI										1	1 - YES 2 - NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1				DI 405 05 054711	m					
2	EXAMINER?	HOSPITAL:	F710 4 44 4 6 5	7.004	OTHER:	PLACE OF DEATH						
¥	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		ome 5 A Reelden		er (Specify)	LIURY OCCUR	ED		
	1 Netural 5 Pending	(Month, De		INJ	URY	VORK? YES 2 NO						
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At hom	ie, farm, s	street, factory, of	fice		CATION (Street a	nd Number or I	Rural Ro	ute Number,	
E	4 Homicide determined	ounding, e	tc. (Specify)				Cit	y or Town, Stete)				
PE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	IICIAN: To the best of a	ny knowledge, deal	th occurre	ed at the time, de	ite end place, and o	due to the c	ouse(e) end man	ner ee stated.			
COMPLETE	one) 2 MEDICAL EXAMIN	ER: On the basis of ex	mination end/or in	vestigatio	n, in my opinion	death occured at	the time, de	te end place, and	d due to the co	NUSO(0)	and menner as ataled.	
BE C												
TO B	DO 1080 1111/24, 1990											
-	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)											
	JOSEPH A.M	IEAD, JI		· ろ	01 St1	AUI IZ.	SA	LTIMION	, Ma	0	11202	
	MAY 2.5 1991	ALL AND THAT	S SIGNATURE	10								

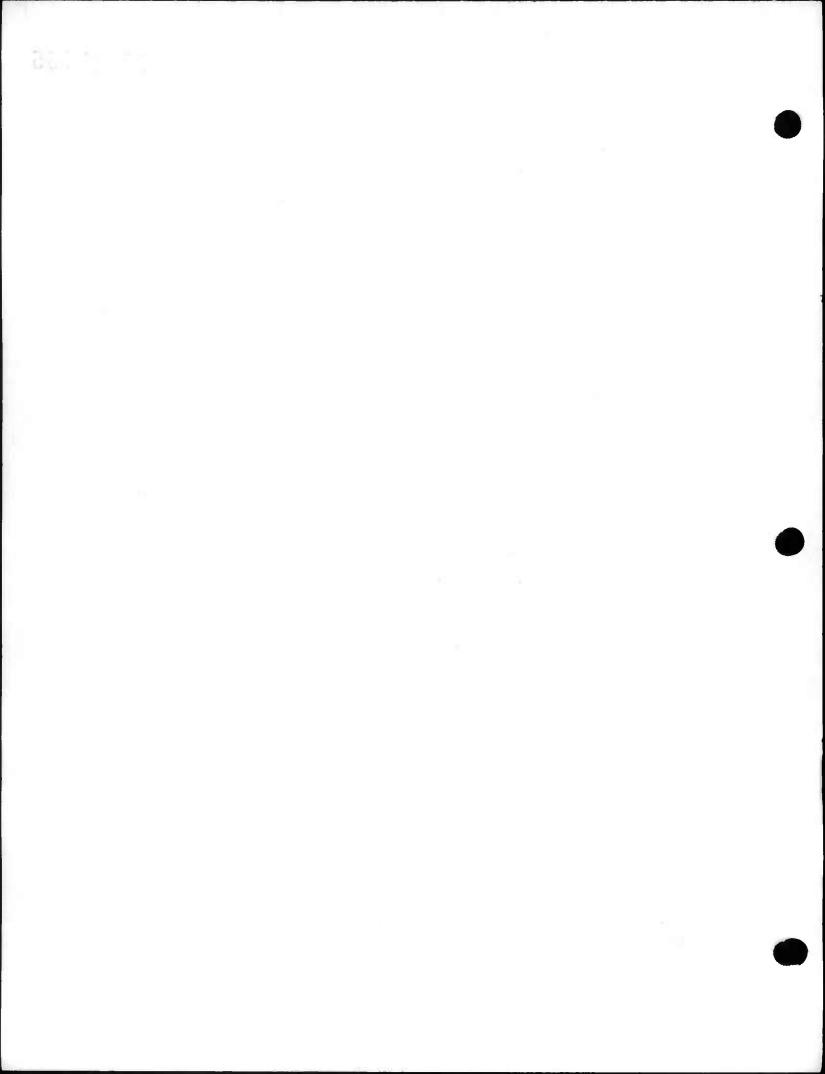


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	:HIIF	ICATE	OF	DEAT	Н	RE	G. NO.				
	1. OECEDENT'S NAME (First, Middle, Last) Arline Grad	e	GUA	GUANTI					2. DATE OF D	22°,	19	9648	3. TIME OF DEATH 12:20 P M	
	4. SOCIAL SECURITY NUMBER 259-10-4535	5. SEX 6 1 ☐ M 2 🔀 F	AGE (In yrs. lesi	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF BE (Month, Day March	18TH 6 1	918	6. BIRTH Count	PLACE (State or Foreign 7) Illinois	
<u>.</u>	9a. FACILITY NAME (If not institution, give s Franklin Square				9b. CITY	96. CITY, TOWN OR LOCATION OF DE ROSSVIlle							ry of DEATH Simore	
8	RESIDENCE OF DECEDENT	Hoppital					700 7 1 1							
DIRECTOR	Md. B	altimore		10c. CITY,			ESSEX						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER  24 Avenal Road						10f. ZIP CODE 21.221						WNAT COUNTRY?	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EV FORCES? 1 I	YES 2 N			13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxican 1 YES 2 NO Specify.			NIC ORIGIN? (Specify Yea or No— 1 in, Puarto Rican, etc.)			14. RAC Blac Spec	E — American Indian, k, Whita, etc.	
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU	15. DECEDENT'S EDUCATION					ON		16b. KINI	O OF BUS	INESS/IN	DUSTRY	" White	
COMPLETED	(Specify only highest grade	(Gi	eth	work done se retired.)	during m	ost of working								
S	17. FATHER'S NAME (First, Middle, Last)													
BEC	William Fred						ma	Bell	Wal					
2	19a. INFORMANT'S NAME (Type/Print)		191						Soute Number, C				21.220	
-	Frank Guanti Jr.			706 Kingston Road Baltimore MAryland										
	20a, METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from Stata	206. PLACE other pla HOLL	PLACE OF DISPOSITION (Name of cometery, cramatory or other place) HOLLY Hill Cemetery  BAltimore I							•			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	111				nd address		alHome	3001	AceA	.Ve.	21221	
	23. PART I. Enter the disease or abock, pr heart lature.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	ease or condition  a. Cerebrovascular Accident  oue to (or as a consequence of):												
NO.	Coronary Artery Disease  Sequentially list conditions,  D. OUE TO (OR AS A CONSEQUENCE OF)													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):													
HHH	resulting in death) LAST	d.												
EDICAL	PERFORMEO? 1 YES 2 X NO								24	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO				
۲	27 1440 040P 020P002F 70 47705						w 40= 0=							
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	200		OTHE	R:	PLACE OF OE			- 10-2				
PHYSICIAN: M	1 Tes 2 No	26e. DATE OF IN.		□ DOA			me 5 Res	idenca	6 Other (Sp 28d. DESCRI		NJURY O	CURED		
ВУ РР	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day,			JURY M	W	YES 2	NO				30.760		
										Aoute Number,				
COMPLETED	const uniy	IICIAN: To the best of my											e) end menner as stated.	
BECC	29b. SIGNATURE AND TITLE OF CERTIFIE	, /					29c. LICEI				29d. DA	TE SIGNE	D (Month, Day, Year)	
0 10	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE	MIL	M 270 G	Deleth.	-		N/A				5-2	7-90	
	Dr. Roesch 9000	Franklin	Square			Bali	timore	, M	D 212	37				
	31 MAY 2 5 1990 <	32. REGISTRAR'S	SIGNATURE											



													90		4 5	6		
	FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTAI	L HYGIENI REG. NO.	E						
,	1. DECEDENT'S NAME (First, M	liddle, Last)	Wilmen	Thomas	Green	well					OF OEATH		WEAR	3. TIMI	OF DEATH			
,	WILME	P		(	SLEC	Na	rel	6		MONT	19		YEAR	1:	30A	М		
3	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER	24 HRS.		OF BIRTH				State or Foreign			
	214-05-2738	1	1 M 2 - F	85	YRS.	MONTHS DAYS HOURS MIN. (Month					1, Day, Year)	57	Count	sh.	DC			
1	9e. FACILITY NAME (If not instit	tution, also stre	net and number)	0.5		9b. CITY, TOWN OR LOCATION OF OEATH					100		NTY OF C		DC	_		
œ	Bayside Nurs							dtow					Mar					
2	RESIDENCE OF DECE						on a					50.	1101	1 -		_		
<b>E</b>		Ob. COUNTY		<u>-</u>	10c. CIT	Y, TOWN O	R LOCAT	ION						10d. IN	SIDE CITY	Т		
DIRECTOR	MD	Prin	ce Geor	ge's	Ca	pital	He	ights	5						MITS? ES 2 NO			
	10s. STREET AND NUMBER							ZIP COOE				10g. CIT	IZEN OF	WHAT CO	UNTRY?	_		
FUNERAL	609 Ventura	Ave				20743							USA					
Z	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED						Y? (Specify Yes	or No-		E — Ame	rican Indian.	_		
田	1 Never Merried 2 M		FORCES?	YES 2		IO If yes, specify Cuben, Mexicen, Puerlo									rican Indian, atc.			
ВУ	3 Widowed 4 Divorce		IF TES, GIVE	MAR OH DATES	1 YES 2 TYNO Specify:				/:			Spec	whit	е				
0		ENT'S EDUC		16a.	DECEDENT'S USUAL OCCUPATION					16b	KIND OF BUS	INESS/IN	DUSTRY					
	(Specify only has Elementary/Secondary (0-12)		completed) College (1-4 or 5	4)	(Give kind of Ille. Do NOT u	work done ( se retired.)	during mo	it of workin	g									
7	5	"	Conege (1-4 of 5		arpen	ter					Cons	truc	tion					
COMPLETED	17, FATHER'S NAME (First, Midd	tle, Last)						18. MOTH	IER'S NA	ME (First.	Middle, Maiden	Surname)						
											estv							
19a INFORMANT'S NAME (Resolvent) 19h MAH ING ACCRESS (Street and Number or Burst Bode Number City or Tourn State 7 in Code)											_							
2	Alice G. Greenwell same as 10 above																	
	20a. METHOD OF DISPOSITIO		-	200 214	CE OF OISPO					_	100,10	CATION	City or T	au Bau		_		
	1 🗵 Burial 2 🗆 Cremetion	3 🗆 Remo	val from State	othe	r place)	1 Con	me or cen	нөвөгу, сгелг ич ч.г.	natory or				d (P					
	4 Donation 5 Other (S		Norr /	_ ceua	I nii			D ADDRES	00 05 54	OII PTV	Sul	LIAII	a (F	3 / M	.D	_		
	>///	A A			RFH						ome, O	wing:	s, M	D 2	0736			
	23. PART I. Enter the disc	eeses, or/c	implications the	at caused the	death. Do	not enter	the mo	de of dyl	ng, suc	h es cen	diec or respi	ratory e	rest,		pproximate			
	shock, or her	ert feilure. L	lat only one ca	use on eech i	line.						Sec.				nterval Between			
	iMMEDIATE CAUSE (Final disease or condition			- 2 0	60.	1/1	000	. 1	10	1	10-	desti Va						
	resulting in death)		DUE TO	OF AS A CON	bro VASCULAR Accident							1153	_					
_ 1		_		(		. ,.								İ				
CERTIFICATION	Sequentially list condition		DUE TO	OR AS A CON	SEQUENCE (	OF):								-		_		
F	if sny, issding to immediceuse. Enter UNDERLYIN																	
윤	CAUSE (Disease or Injury that Initiated events	<b>1</b> °	OUE TO	OR AS A CON	SEQUENCE (	OF):								-		_		
ĒΙ	resulting in death) LAST																	
剪		d																
_	PART II. Other significent	conditions	contributing to	death but n	ot resulting	In the ur	nderiyin	g ceuse i	given in	Part i.	24a. WAS AN PERFOR		24		AUTOPSY FINDING	15		
2											1 TES 2	P 4		COMPL	ETION OF CAUSE			
밃												1		OF DE	- A			
2	•									_					To Am			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO	MEDICAL					28 PI	ACE OF D	EATH (C)	anck only o	(ne)					_		
<u> </u>	EXAMINER?		HOSPITAL:			OTHE	R:									_		
₹	27. MANNER OF DEATH		1 Inpatient 2		28b. TI	-	28c, INJ		esidence		er (Specify) SCRIBE HOW	N III III O	CCURED			_		
	Natural 5 P	ending		Day, Year)		JURY	WC	PK?	7.00	200. VE	SCHIBE HOW	HJUNT O	CCORED					
B	M 1 YES 2 NO  Accident  A Suidate  2 Accident  2 Builde  26. PLACE OF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number									Davida Ma		_						
<u>E</u>		ould not be stermined		, etc. (Specify)	t noma, tarm	atreet, rac	tory, offic	•		C/ty	or Town, State	ena Numb	er or nunsi	PIQUIU NO	IMOW,			
E																		
P	Direct Only	FYING PHYSIC	CIAN: To the best of	of my knowledge	, death occur	red at the	time, date	and place	, and due	to the ce	euse(a) and ma	nner aa st	ated.					
COMPLET	one) 2 MEDIC	AL EXAMINER	: On the besis of	exemination end	l/or investigat	lon, in my	opinion, d	leath occu	red at the	time, dat	e end place, er	nd due to	the couse	(e) end n	senner as ataled.			
	291-GIONATURE AND TITLE	ор-фентинен						29c. LIC	ENSE NU	MBER		29d. D/	TE SIGNE	D (Month	Day, Year)			
BE	hom	2	Va.	20				8	14	128	15	•	5-	-19	-90			
2	30 NAME AND ADDRESS OF	PERSON WHO	COMPLETED CA	ISE OF DEATH	(ITEM 27) /5m	o Print)				9			,					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William Boyd, M.D.

25 1990

Box 435 Leonardtown
32. REGISTRAR'S SIGNATURE CONTROL STATE

Such Davidson Randolf

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR			STATE OF MA	AKYLA					DEAT		MENIAL	REG. NO.	E				
1. DECEDENT'S NAME (First, AGNUS	Middle, L	GO.	GNES L	GORI	DON						MANE O	2 SEATH 1		YEAR 90		2:06	H <i>)4</i> M
4. SOCIAL SECURITY NUMBER 291-01-972		-	SEX	8. AGE (In	yrs. lest b	oirthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	SEPT	F BIRTH	190		HPLACE HIO	(State or Fo	eign
90. FACILITY NAME (If not in	stitution, g	ive street	end number)					, town o	DRE	N OF DE	EATH			INTY OF D			
RESIDENCE OF DEC	10b. CO					10c. CITY, TOWN OR LOCATION							T 40.4 B	INIDE OUTV			
MARYLAND		TTM	ORE		- 1	CATONSVILLE						10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
10e. STREET AND NUMBER	3111	11.211	0.0			0222	7110 71		ZIP CODE				10g. CI	TIZEN OF			
701 MAIDEN	CHO	TCE	LANE					2	1228				U.S	.A.			
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo	Married		: WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES	2 2 NO	.S. ARMED 13. WAS DECENDENT OF HISPAI 12 AND 11 yes, specify Cuben, Mexico				n, Puerto Ri			14, RAC Blac	E – Amerik, White	arican India , etc.	179,	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working																	
Elementery/Secondary (0-12) College (1-4 or 5+) N/A N/A HOUSEWIFE HOME																	
17. FATHER'S NAME (First, Middle, Lest) UNKNOWN  16. MOTHER'S NAME (First, Middle, Malden Surname) ELIZABETH LEFFLER  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)																	
DR. JACK	,,	) TAC	COM								TON,				/1		
20a. METHOD OF DISPOSIT		) // (	SON)	20h							TON,	_				40	
1 Burial 2 X Cremetion 3 Removal from State oth						(6:								N — City or Town, State  ORE, MARYLAND			
21. SIGNATURE OF FUNERA	11110	OIG	22	NAME A	ND ADDRES	S OF FA	CILITY										
1 Eine			Las	7	050	0					NERAL ROAD,				A D 37T	ANTO	212
disease or condition resulting in desth)  Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or injuitat initiated events resulting in desth) LAS	dista ING ury	8 b c d	DUE TO (	OR AS A	CONSEQU	JENCE O	F):										
PART II. Other algorifica	ant cond	litiona d	contributing to	daeth bu	ut not re	sulting	In the u	ndariyin	g ceuse g	lven in	Part i.	24a. WAS AN PERFO	RMED?	24	COMPI OF DE	AUTOPSY FI ABLE PRIOR LETION OF ( ATH? YES 2	TO
75 WAS CAST DEPENDED.	DO MEDIO	A. T							ADE OF T	PATEL AC		.1					
25. WAS CASE REFERRED T EXAMINER?	WEDIC.	H	OSPITAL:	ED/C:-		7004	OTHE	A:			heck only one	,					
1 YES 2 NO		1	28e. DATE OF	INJURY	wient 3 L	26b. T/6	ME OF	28c. IN.	JURY AT	siderice	8 Other	(Specify) CRIBE HOW	INJURY O	CCURED			
	Pending	lion	(Month, De	y, Year)			JURY		YES 2	] NO							
2 Accident 3 Suicide 8 4 Homicide	Could no	t be	28e. PLACE Of building,	INJURY etc. (Speci	— At hom	ne, farm,	street, fa	ctory, offic	ce .			TION (Street or Town, State		er or Rural	Route N	umber,	
onel -			N: To the best of o												(a) and n	nanner as s	itated.
29b. SIGNATURE AND TITL	E OF CER	TIFIER	-mz	0					29c. LICE	ENSE NU	IMBER	-3	29d. D/	TE SIGNE	D (Month	, Day, Year)	_
30. NAME AND ADDRESS O	1	64U	100	E OF DEA				1,10	len	Ch	0/64	. (		2	1:	2 22	g
MAY 25 1990	Year)	Lili	32 REGISTRA	RIS SIGN/	ATURE												

-

A. Sa

## BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FWAY 25 1990

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
GEORGE	IA ANN GRALES	SKI			05 21	90	7:39 P M					
4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)			7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign					
215-34-7986	1 M 2 F 52	YRS.	NTHS DAYS HOUF		(Month, Day, Year) 08 06		ARYLAND					
UNION MEMORIAL HO			BALTIMO		in .	SC. COUNTY OF	DEATH					
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c, CITY, T	OWN OR LOCATION			10d. INSIDE CITY						
MARYLAND		]	BALTIMORE			1X YES 2 NO						
100. STREET AND NUMBER 3602 CHEST	NUT AVENUE		10f. ZIP C	2121	1	USA						
11. MARITAL STATUS	12. WAS DECEDENT EVER IN				C ORIGIN? (Specify Yes	or No- 14. RA	NCE American Indian, ack, White, etc.					
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify 0 1 ☐ YES 2 🏋		, Puerto Rican, etc.)		WHITE					
15. DECEDENT'S EDUC		16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY	,					
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of watered.)	onung								
12TH	, ,	TAILOR										
17. FATHER'S NAME (First, Middle, Last)			10. 4	OTHER'S NAM	E (First, Middle, Maiden	Surname)						
GEORGE	EDWARD GARD	INER	V	ERTALE	A REYNOLDS	}						
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  16 POWHURST CT., BALTIMORE, MD. 21236												
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cometery, crematory or 20s. LOCATION — City or Town, State												
17 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)  LORRAINE PARK CEMETERY  BALTIMORE, MAR												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  A A T AND CITY TO THIMP AT HOME											
. a. Glar	- Seit	Jr.	A. ALAN 3615-19	SEITZ CHEST	, JR. FUNI NUT AVENUI	ERAL HONE, BALTO	O., MD. 21211					
23. PART I. Enter the diseases, or o	complications that edused		enter the mode of	dying, such	ss cardlec or respi	ratory srrest,	Approximate interval Between					
	- Committee of the comm	1 4 1 1					Onset and Death					
disease or condition resulting in death)	Myocardia Due TO (OR AS)	al Int	uvction									
	DUE TO (OH AS A	CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):										
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					<u> </u>					
resulting in death) LAST	d											
PART II. Other significant condition	s contributing to death b	out not resulting in	the underlying cau	se given in i	Part I. 24s. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS					
Preumonia		•			PERFOR	MED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE					
					1 NYES 2	□ MO	OF DEATH?  1√2 YES 2 □ NO					
					-		125 2 NO					
25. WAS CASE REFERRED TO MEDICAL			26. PLACE	DF DEATH (Che	ck only one)							
EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outs		THER:	Residence	8 Other (Specify)							
27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIME (	OF 28c. INJURY		28d. DESCRIBE HOW I	NJURY OCCURED	)					
1												
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec		set, factory, office		281. LOCATION (Street and City or Town, State)	and Number or Ru	rel Route Number,					
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my know	rlades death accurred	et the time date and	place and rive	to the cause/at and mar	ner se stated						
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated.      Check only one)      MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
296. SIGNATURE AND TITLE OF CERTIFIE	R		29c.	LICENSE NUM	IBER	29d. DATE SIGN	NED (Mopth, Day, Year)					
Beton a. A	ay M	0	0-	3322	0	15/2	13/90					
30. NAME AND ADDRESS OF PERSON WIT			rint)									
Potov A Fo	2730 Ea	alls Road.	Raitimor	e. Md.	Z1Z11							

22. REGISTRAR'S SIGNATURE



V	3 should
BALTIMORE, MARYLAND 21203-3146	Jurs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 in remoral. In this control of the profit
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burial within and Mental hyghes port to burial correction, or removal.  Described within 72 burial and the page of the part of the page 1, 2, 3 should be filled within 2 processes and the page 1, 2, 3 should be filled at once

				•	00 1110
	1 - SIAIE	ND / DEPARTMENT OF HEALTH			
	REGISTRAR	CERTIFICATE OF DEAT		. NO.	
,	1. DECEDENT'S NAME (First, Middle, Last) Sophie E. Henson		2. DATE OF DEA	DAY / 90	3. TIME OF DEATH
		yrs. last birthday) IF UNDER 1 YEAR IF UNDER	Menuty Co. V	H 8. Bi	RTHPLACE (State or Foreign
	214-12-1562 10 M2 XF 74	YRS. MONTHS DAYS HOURS	MIN. (Month), Day, Y	16	M.D.
~	9e. FACILITY NAME (If not institution, give street end number)	96. CITY, TOWN OR LOCATIO		9c. COUNTY O	OF DEATH
DIRECTOR	DEATON HOSP & MEdical Co	ENTER BALLIMOR	e, Md.		
۱ ۱	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MD	BALTIMORE, C	ITY		1 💢 YES 2 🗌 NO
FUNERAL	10e. STREET AND NUMBER	10f. ZIP CODE	2.0	1.5	OF WHAT COUNTRY?
	611 S. CHARLES STREET  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U	212	3 U F HISPANIC ORIGIN? (Spec	U.S	RACE — American Indian.
		2 NO If yes, specify Cuber	, Mexican, Puerto Rican, el	c.) B	Black, White, atc.
B	3 Wildowed 4 Divorced	I TES Z KI NO	эр <del>в</del> сну.	,	Specifie LACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND (	F BUSINESS/INDUSTR	ΙΥ
E	Elementery/Secondery (0-12) College (1-4 or 5+) 6 th GRADE	HOUSEWIFE			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	18. MOTH	IER'S NAME (First, Middle, A	talden Surneme)	
ш	WILLIAM HENSON	Α	DDIE KEE	NE	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS (Street and Number		or Town, State, Zip Code	21202 BALTO, MD.
	BENNIE SIMMONS, BERNICE	501 E. PRESTO	N ST. APT	CC. LOCATION — City of	
	1 \( \tilde{\Delta} \) Buriel 2 \( \tilde{\Delta} \) Cremation 3 \( \tilde{\Delta} \) Removal from State  4 \( \tilde{\Delta} \) Donation 8 \( \tilde{\Delta} \) Other (Specify)	other place)			Island, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22, NAME AND ADDRES	-		
	► &0 0	WM.C. MA	RCH E.H.	1101 E.	NORTH AVE.
	23. PART I. Enter the diseases, o complicatione that ceuced	the death. Do not enter the mode of dyl			Approximate
	shock, or hasrt fellure. List only one ceuse on ee	ch line.			Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final	F .	^	1 /	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chebro vosen	lar acc	edent	Minutes
	disease or condition	Clubra Dos end	la acc	edent	Minutes
NOI	disease or condition a. Acute Due to (or as a conditions, sequentially liet conditions, sequenti	CONSEQUENCE OF):  LA US CUL  CONSEQUENCE OF):	lar acc	edent	Minutes YRS
CATION	disesse or condition resulting in death)  DUE TO (OR AS A C POLITICAL TO (OR A	CONSEQUENCE OF):	lar acc	edent	Minutes
TIFICATION	disease or condition resulting in death)  Sequentially lifet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CONSEQUENCE OF):  CONSEQUENCE OF):	lar acc	edent	Minutes
SERTIFICATION	Sequentially Net conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury		lar acc	edent	MINUTES
AL CERTIFICATION	disease or condition resulting in death)  Sequentially lifet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CONSEQUENCE OF):	leu d's (	PAS AN AUTOPSY	MINUTES YAS  240. WERE AUTOPSY FINDINGS
	disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF):	given in Part I. 24a. v	ouse	Minutes
	disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF):	given in Part I. 24a. v	AS AN AUTOPSY ERFORMED?	MINUTES  YAS  24b. WERE AUTOPSY FINDINGS  ANALAGLE PRIOR TO  COMPLETION OF CAUSE
	Sequentially Net conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but the conditions contributing the conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condition	e Amputatio	given in Part I. 24a. y	AS AN AUTOPSY ERFORMED?	MINUTES  YAS  24b. WERE AUTOPSY FINDINGS  ANAILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?
	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of th	e Ampudation  28. PLACE OF D	given in Part i. 24a. y	AS AN AUTOPSY ERFORMEO? (ES 2 700	MINUTES  YAS  24b. WERE AUTOPSY FINDINGS  ANAILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?
	disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A C DUE TO (OR A	consequence of):  It not resulting in the underlying cause of the consequence of the cons	given in Part I. 24a, y  1   EATH (Check only one)  reldence 8  Other (Speci	AS AN AUTOPSY ERFORMEO? (ES 2 700	MINUTES  YAS  24b. WERE AUTOPSY FINDINGS  AMALABLE PRIOR TO  COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially Het conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of t	t not resulting in the underlying cause of the state of DOA of Nursing Home 5   Re	piven in Part I. 24a, v P 1	AS AN AUTOPSY ERFORMEO? (ES 2 700	MINUTES  YAS  24b. WERE AUTOPSY FINDINGS  AMALABLE PRIOR TO  COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A C. DUE T	28. PLACE OF D  28. PLACE OF D  THER: WORK?  At home, farm, street, factory, office	piven in Part I. 24a, y  1   24a, y  1   24a, y  2   24a, y  1   24a, y  2   24a, y  2   24a, y  1   24a, y  2   2	AS AN AUTOPSY ERFORMED? (/ES 2 ANO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	disesse or condition resulting in death)  Sequentially liet conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  DUE TO (OR AS A CAUSE TO (OR A	28. PLACE OF D  28. PLACE OF D  THER: WORK?  At home, farm, street, factory, office	piven in Part I. 24a, V P P 1 D P P P P P P P P P P P P P P P P	AS AN AUTOPSY ERFORMED? (/ES 2 ANO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially Net conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of the	28. PLACE OF D  28. PLACE OF D  THER:  A PLACE OF D  28. PLACE OF D  28. PLACE OF D  28. PLACE OF D  28. PLACE OF D  28. INJURY AT  WORK?  1 VES 2  At home, farm, street, factory, office	EATH (Check only one)  reldence 8 Other (Special Colly or Nown)  281. LOCATION City or Nown, and due to the cause(a) a	AS AN AUTOPSY ERFORMED? (/ES 2 NO  Street and Number or Ri Street and Number as stated.	24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially Net conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting	t not resulting in the underlying cause of the country of the coun	piven in Part I. 24a. V p 1	AS AN AUTOPSY ERFORMED?  VES 2 NO  Street and Number or Ri Street and Number as stated.  and menner as stated.  ace, and due to the cere	M (Nutres  YAS  24b. WERE AUTOPSY FINDINGS ANALLAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO  D  ural Route Number,  uese(e) end manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially Net conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of the conditions contributing to deeth but the ceuse of the	t not resulting in the underlying cause of the country of the coun	EATH (Check only one)  reldence 8 Other (Special Colly or Nown)  281. LOCATION City or Nown, and due to the cause(a) a	AS AN AUTOPSY ERFORMED?  VES 2 NO  Street and Number or Ri Street and Number as stated.  and menner as stated.  ace, and due to the cere	24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially Net conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting initiated events resulting in deeth) LAST  DUE TO (OR AS A Company that initiated events resulting	26. PLACE OF D  28. PLACE OF D  28. PLACE OF D  28. TIME OF Nursing Home 5 Re  28b. TIME OF NURRY AT WORKY  M 1 YES 2  At home, farm, street, factory, office  29c. LICE  29c. LICE	piven in Part I. 24a. V p 1	AS AN AUTOPSY ERFORMED?  VES 2 NO  Street and Number or Ri Street and Number as stated.  and menner as stated.  ace, and due to the cere	M (Nutres  YAS  24b. WERE AUTOPSY FINDINGS ANALLAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO  D  ural Route Number,  uese(e) end manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially Net conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions contributing to deeth but the initiated events resulting in deeth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	26. PLACE OF D  28. PLACE OF D  28. PLACE OF D  28. TIME OF Nursing Home 5 Re  28b. TIME OF NURRY AT WORKY  M 1 YES 2  At home, farm, street, factory, office  29c. LICE  29c. LICE	piven in Part I. 24a. V p 1	AS AN AUTOPSY ERFORMED?  VES 2 NO  Street and Number or Ri Street and Number as stated.  and menner as stated.  ace, and due to the cere	M (Nutres  YAS  24b. WERE AUTOPSY FINDINGS ANALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO  D  ural Route Number,  uese(e) end manner as stated,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  DUE TO (OR AS A C. DUE TO (O	26. PLACE OF D  28. PLACE OF D  28. PLACE OF D  28. TIME OF Nursing Home 5 Re  28b. TIME OF NURRY AT WORKY  M 1 YES 2  At home, farm, street, factory, office  29c. LICE  29c. LICE	piven in Part I. 24a. V p 1	AS AN AUTOPSY ERFORMED?  VES 2 NO  Street and Number or Ri Street and Number as stated.  and menner as stated.  ace, and due to the cere	M (Nutres  YAS  24b. WERE AUTOPSY FINDINGS ANALLAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO  D  ural Route Number,  uese(e) end manner as stated.

3. TIME OF DEATH 1:30 LACE (State or Foreign MD.

## Tage 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

FUNERAL DIRECTOR

BY

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

**BE COMPLETED** 

2

once.

F BE notified

be

must

BOX 13146. 0 DIVISION OF VITAL RECORDS.

	Pag	ġ.		Je.
	feath.	funera		xamir
	after (	by the	TIONAL.	icai e
	SINC	=	J. Ce	ned
	12	filled	, no	he n
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 -rours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
	ned	EO.	131	2
	BOOCL	and .	20 00	mati
	e pe	siciar	Nor	tra
	tificat	o phy	ene p	ther
	8	ngin	£	0 0
	deat	e afte	enta	'n,
)	the	by th	2	Ξ
	tha	ped	th a	amy
	Juires	Sign	Hea	DWS
	A rec	beer	1. 0	ts.
!	e lav	has	5	23
	E N	cate	State	item
	CIA	ertif	the	9
;	SHYS.	this c	MICH	ked,
	ING I	After	eath	E
	END	JR: /	ter d	80
:	ATT	ECT	rs at	n 2
	DR	PHO		Ter
	MIA	RAL	22	=
	50	UNE	viĝi.	AM
	男	크	led v	OR
	101	101	be fi	M

										90	
	FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAI CERTIF					MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		HENRY					2. DATE OF DEATH DATE OF SERVICE SERVI	NY .	YEAR 90	3. T
I	RUTH 14. SOCIAL SECURITY NUMBER 219 - 16 - 6162	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 04-19-2	-	6. BIRTH Countr	
I	9a. FACILITY NAME (If not institution, give s	1 M 2 F	05 YRS.	9b. CITY,	TOWN	OR LOCATIO	ON OF DE			INTY OF D	EATH
	6104 DUNROMING 1	ROAD.		BALI	'IMO	RE Cl	TY				
	10e. STATE 10b. COUNT	(		TY, TOWN O			MD.				10d.
	104. STREET AND NUMBER 6104 DUNROMII	NG RD.			_	212	E		10g. CIT	TIZEN OF V	WHAT

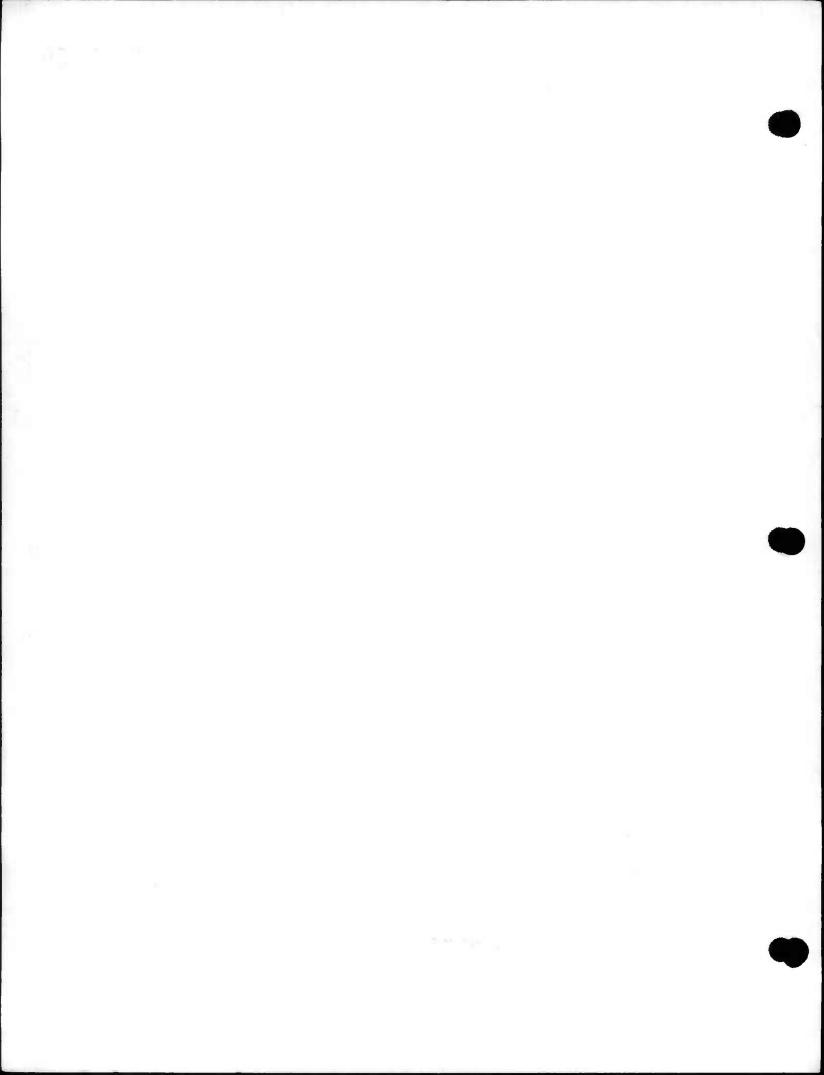
10d. INSIDE CITY LIMITS? 1X YES 2 NO HAT COUNTRY? 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 🕅 Merried Specify: BLACK 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 2 Y R S RECEPTIONIST 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MURRAY KANE BEATRICE FOWLER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) GLORIA ROBINSON 6104 DUNROMING R D BAL T<sub>0</sub> MD 21239 209. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory of 20c. LOCATION — City or Town, State WOODLAWN, MD. Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21202 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, NORTH AVENUE Approximate shock, or heart failure. List only one cause on each line intarval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentielly ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 ng Home 5 Reeldence 6 🗆 Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursi 27. MANNER OF DEATH 28c. INJURY AT WORK? 26s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending м 1 YES 2 NO 2 Accident Investigation 26e. PLACE OF INJURY — Ai home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29e, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER:	On the basis of examination	on end/or investigation, in my opinion	, death occured at the time, date end plac	e, end due to the cause(s) and menner ee stated.
RE AND TITLE OF CERTIFIER	12 1	6	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

296. SIGNATURE AND TITLE OF CERTIFIER	4	29c. LICENSE NUMBER	29d. DATE S	HGNED (Month, Day, Year)
M Atteniels to	1111)	202224	1 > 5	123/92
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	ina o	1/	6 11
Worth its. Hiniell STO.	Unión	Memorial	HOSPICE	Baltonia
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S DIGNATUR	950	,	1/	/
MAY 25 1990 July Davidon 1990			<i>y</i>	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	George Joseph HAMMEL MAY 22, MY 1990 YEAR										TIME OF DEATH 11:45 PM		
					IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DA (M	TE OF BIRTH onth, Day, Year)		a. BIRTHPL Country)	ACE (State or Foreign
	212-10-2000	<b>∑ M</b> 2 □ F	/ 2	YRS.					<u> </u>	-18-14			Md.
_	9a. FACILITY NAME (If not institution, give street	,			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH			TY OF DEA	
	franklin Square	Hosp.									Ball	illore	County
m	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Md. Balto.									10	od. INSIDE CITY LIMITS?		
										1	YES 2 NO		
IAL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WI										ZEN OF WH	AT COUNTRY?	
10a. STREET AND NUMBER  4105 White Ave.  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Tyes 2 No. 1 No.													
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — Arm. 14. RACE — Arm. 15. Never Merried 2 Married   FORCES? 1   YES 2 NO   14. RACE — Arm. 16. Hyes, specify Cuban, Mexican, Puarto Rican, etc.)												
8	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES			1 TYES	2 XNO	Specify	y:			Specify:	White
유	15. DECEDENT'S EDUCATI		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N			16b. KIND OF BUS	SINESS/IND	USTRY	
ᄪ	(Specify only highest grade com Elementary/Secondary (0-12) C	college (1-4 or 5+)	life.	Do NOT us	work done se retired.)	auring moi	SE OF WORK!	ig					
COMPLETED	8			Bake	er					Schmid	dt Ba	kery	
00	17. FATHER'S NAME (First, Middle, Last)								,	st, Middle, Maiden	Sumame)		
B H	Joseph L. Hammel									ahring			
2	19a. INFORMANT'S NAME (Type/Print)									lumber, City or Tow		Code)	
1	Lenora E. Hammel		20b. PLACE (						0.,	Md. 21		City or Town	State
	1 X Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State	other pla	100)	ood (		iotory, Gran	natory or				., Mc	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		al KW	22.	NAME AN		SS OF FA			Darto	, 110	•
(	10.	10	)					illeı			V/ 1	0100/	
-	23. PART i. Enter the diseases, or com	plications that o	auged the de	ath. Do i	npt enter	the mp	de of dv	ing, auci	d.	Balto.,	ratory arr	est.	Approximata
	shock, or heart fellure. List	t only one cause	on each line				,	3,			,	,	intarval Between Onset and Deeth
	IMMEDIATE CAUSE (Final disease or condition a. Congestive Heart Failure.												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentieily list conditions,					tive	Pu1	mona	ry	Disease	2.		
AT (	if any, leading to immediate ceuse, Enter UNDERLYING	DUE TO (O	R AS A CONSEC	DUENCE O	F):								
잂	CAUSE (Diseese Dr injury that initiated events	DUE TO (O	R AS A CONSEC	DUENCE O	F):								<u> </u>
CERTIFICATION	resulting in deeth) LAST												
	PART II. Other aignificant conditions of	contributing to d	eath but ant e	anulting.	In the u	ndorfulni		alves la	Don't I	. 24e. WAS AN	Airmoney	245. 9	/ERE AUTOPSY FINDINGS
CAL	Non Insulin Depend	dent Dia	betes M	le I I i	tus.	nderlying	ceuse	given in	Part	PERFOR	RMED?	, A	WAILABLE PRIOR TO
										1 TYES 2	NO NO		F DEATH?
Σ		<u>:</u>							_			'	YES 2 NO
NA N	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE DF	DEATH (Ch	neck oni	ly one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO OF DEATH?  1 YES 2  28. PLACE DF DEATH (Check only one)  28. PLACE DF DEATH (Check only one)  4 NOTHER:  4 NOTHER:  28. PLACE DF DEATH (Check only one)  28. DATE OF INJURY  28. DATE OF INJURY  28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED  (Month, Day, Year)													
Ť	27. MANNER OF DEATH	28e. DATE OF IN	VJURY	26b. Til	IE OF JURY	28c. INJ WO	URY AT		28d.	DESCRIBE HOW I	NJURY OC	CURED	
Β¥	1 Natural 5 Pending 2 Accident Investigation		4224	L	М	1 🗆 1	/ES 2 [	] NO					
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF building, at	INJURY — At ho c. (Specify)	me, farm,	street, fac	tory, offic	•			LOCATION (Street City or Town, State)		or Rural Roi	ute Number,
<u>.</u>	29a. CERTIFIER												
COMPLETED	(Check only 1 CERTIFYING PHYSICIA												
Ö	2 MEDICAL EXAMINER: (	On the basis of axa	mination and/or	investigati	on, in my	opinion, d				data and place, ar	nd due to th	ne cause(a)	and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	MD	House	. 0	ficer			I/A	MBER		29d. DAT	SIGNED (1)	Aponth, Day, Year)
2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	Rose Richards, M.D. 9000 Franklin Square Dr., Balto., 21237  31. DATE FILED (Month, Day, 1641)  32. REGISTRAR'S SIGNATURE MAY 25 1990 Julia Davidson And Section 1990												

.

3. TIME OF DEATH

AM

YEAR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARY M. HELLMAN 5 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. OATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 3-22-1916 1 M 2 VF MARYLAND 74 213-05-9381 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALITMORE BALTIMORE 1 TES 2 X 100 permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. burial-transit 21224 *1609 CYPRESS AVENUE* hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S.LARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 XXVO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 21 1 Never Merried 2 Merried
3 Wildowed 4 Divorced Specify BY for use as the WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) detached 6TH GRADE HOME MAKER HOME N/A once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) pe be notified at NOT KNOWN NOT KNOWN WHITE BE funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7609 CYPRESS AVENUE BALTIMORE, MARYLAND 21224 WILLIAM H HELLMAN 20e. METHOD OF DISPOSITION
1 LyBuriel 2 Cremation 3 Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State must 1 1 VBuriel 2 Cremation 3 4 Donation 5 Other (Specify) OF JESUS CEM. SACRED HEART 5-29-90 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK. 21222 completely filled in by the the medical Ente the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heert fellure. List only one cause on each line. Interval Between prior to burial, cremation, or Onset and Death IMMEDIATE CAUSE (Finel disease or condition ELECTROMECHANICAL DISSOCIATION 2-3 hours event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed PERICARDIAL TAMPERADE 12 hours traumatic CERTIFICATION and Sequentielly list conditions. OUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate physician PHYSICIAN: The law requires that the death certificate be ceuse. Enter UNDERLYING CAUSE (Disease or Injury other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending 6 injury, signed by the an Health and Ment. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO VESSEL CORONARY ARTERY DISEASE any COMPLETION OF CAUSE 1 YES 2 NO shows a ENDOCARDITIS 1 YES 2 NO been 10 DENENTIA has be. Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 4 | Nurs 0 the 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this ce marked, 1 Natural 5 Pending M 1 YES 2 NO 95 BY 2 Accident THE HOSPITAL OR ATTENDING I THE FUNERAL DIRECTOR: After filed within 72 hours after death 28e. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide S Could not be determined 40 COMPLETED 4 Homicide 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 en 134/90 mer 2 30. NAME AND ADDRESS OF PERSON WITD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Julia Della Jana

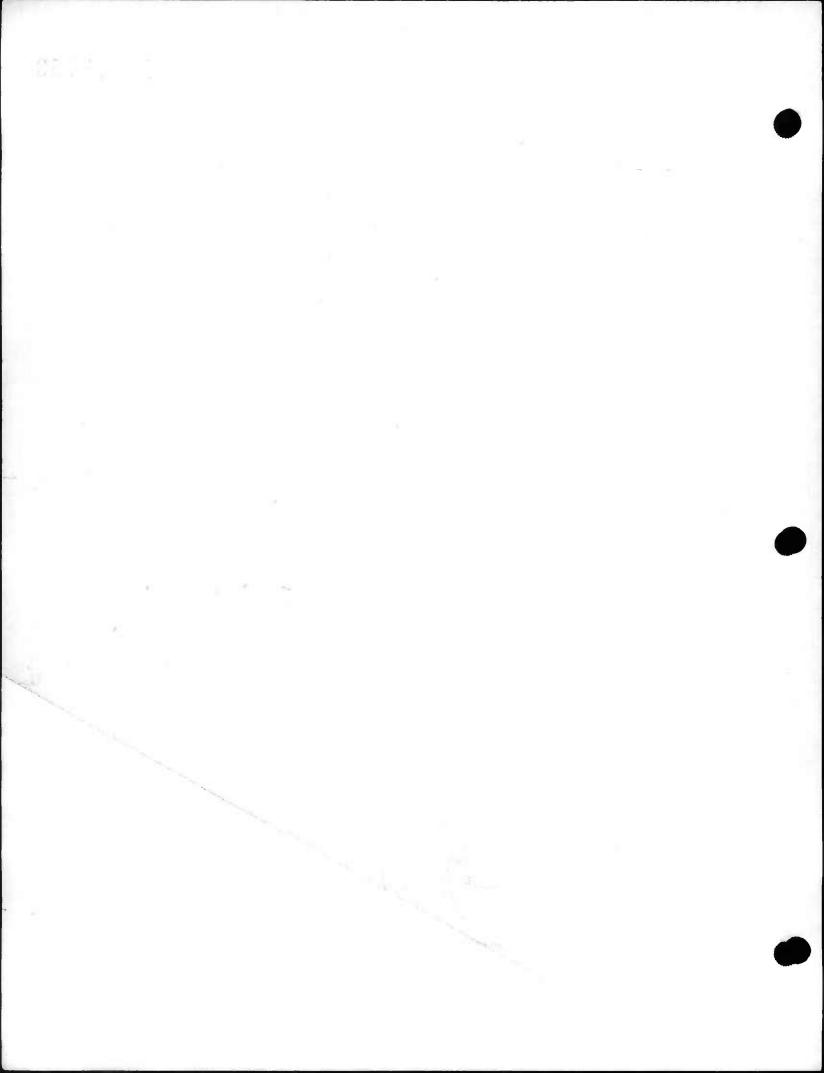
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF OEATH MONTH DAY

BALTIMORE, MARYLAND 21203-3146

ITEMS:23,27 per ME G-664 6-1-90 cm

REGISTRAR  1. DECEDENT'S NAME (First, Midde	lle 1 mon		CERTI	IOAIL	COFL	ZAIN	0 5.77	REG. NO.		1.	. TIME OF DEATH	-
	He, Last)	_					MONT	0F DEATH D	W YE	EAR 3	3:08AM	
YULANDA  4. SOCIAL SECURITY NUMBER	5. S	SEX / 6, A	HAT.T.  GE (In yrs. last birthda	y) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPL	ACE (State or Foreig	n
217-82-2295		M 2	- 26 YRS	MONTHS	DAYS H	IOURS MIN.	(Mont	h, Day, Year)	63 1	Jew Jew	York	
98. FACILITY NAME (# not institute Maryland Gen RESIDENCE OF DECEDIOR	eral H					LOCATION OF D			9c. COUNTY	OF DEA	TH	
7	. COUNTY	Baltimore									Od. INSIDE CITY  XLIMITS?  YES 2   NO	
100. STREET AND NUMBER	id Sty	treet Apt. 2							10g. CITIZEN	OF WH	AT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Marri 3 Widowed 4 Divorced	12.	WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED			IDENT OF HISPA ify Cuban, Maxic PNO Speci	an, Puarto			RACE -	- American Indian, White, atc.	
15, OECEDEN (Specify only high Elamentary/Secondary (0-12)			16a. DECEDEN (Give kind life. Do NO	of work done of use retired.)	CCUPATION during most	of working	161	. KIND OF BUS	SINESS/INDUST	ТЯҮ	seaeg	
17. FATHER'S NAME (First, Middle,	Last)				1	18. МОТНЕЯ'S N			Sumame)			
19a. INFORMANT'S NAME (Typo/P) Elsie Ben	rint)		3 3	N. MO	s (Street and ) unt	Number or Rural Stree	Route Num	iber, City or Tow Baltin	n, State, Zip Coi 10九巳,	Ma)	ryland	
20g, METHOD OF DISPOSITION 1		from State	20b. PLACE OF DIS other place) Wester						cation – chy Consul		e, Mary	li
21. SIGNATURE OF FUNERAL SEI	1/	EE .		22	NAME AND	ADDRESS OF F	ACILITY			A 1	McCull	
	ses, or comp			M	larsh		. На		/H Ba	lto	Approximate Interval Bets Onset and E	1 2
23. PART I. Enter the dieses ahock, or heert immediate CAUSE (Finel disease or condition reaulting in deeth)  Sequentially list conditional if eny, leading to immediate	ses, or comp fellure. Liet	NEUMONIA		o not enter	larsh		. На		/H Ba	lto	Approximate Interval Bets	1 2
23. PART I. Enter the diese ahock, or heert iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditional	ses, or comp fellure. Liet	Dilections that cause of only one cause of NEUMONIA  DUE TO (DR.)  DUE TO (OR.)	n esch line. As a consequence	O not enter	larsh		. На		/H Ba	lto	Approximate Interval Bets	1 2
23. PART I. Enter the diees: ahock, or heert iMMEDIATE CAUSE (Finel disesse or condition reaulting in deeth)  Sequentially list conditiona if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	ses, or comp fellure. Liet s.P. b c d	Dilections that cere only one cause of NEUMONIA  DUE TO (DR.  DUE TO (OR.)	AS A CONSEQUENCE	E OF):	arsh mode	of dying, au	. Ha		/H Ba	246. 4	Approximate Interval Bets	1 2
23. PART I. Enter the dieses ahock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b	Dilections that cere only one cause of NEUMONIA  DUE TO (DR.  DUE TO (OR.)	AS A CONSEQUENCE	E OF):	arsh r the mode	o of dying, au	e Ha	24a. WAS AN PERFOI	/H Ba	246. 4	Approximate Interval Bets Onset and E Interv	1 2
23. PART I. Enter the dieses ahock, or heert immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditional if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE th but not resulting	E OF): E OF): OTHER	nderlying o	coupe given in	n Part I.	24a. WAS AN PERFOI	/H Ba	246. 4	Approximate Interval Bets Onset and E Interv	1 2
23. PART I. Enter the dieses ahock, or heert immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algorificant cause. See the cause of	b	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  Toutpatient 3 □ DO.  TRY 28b.	E OF):  E OF):  OTHE:  A 4 Nut  Nume OF	nderlying of 26. PLAI	ceuee given in	n Part I.	24a. WAS AN PERFOI YES :	/H Ba	24b. V	Approximate Interval Bets Onset and E Interv	1 2
23. PART I. Enter the dieses ahock, or heert immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditional if eny, leading to immediate Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algorificant cause. The cause of the	b	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  Outpetient 3 DO  Outpetient 3 DO  Outpetient 28b.	E OF):  E OF):  OTHE:  A 4 Nut  TIME OF  INJURY	nderlying of 26. PLANER: reling Home 26c. INJU! WORI!	ceuee given in	h Part I.  Sheck only c  28d. OE	24a. WAS AN PERFOI YES 2	H Ba	24b. V.	Approximate Interval Bets Onset and E Interv	1 2
23. PART I. Enter the dieses ahock, or heert immediate Cause (Finel diesese or condition resulting in deeth)  Sequentially list conditions if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions in deeth cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST  25. WAS CASE REFERRED TO ME EXAMINER?  "YEYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pend 2 Accident Investigation of the country of the	b	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  The but not re	E OF):  E OF):  OTHE:  A 4 Nut  TIME OF  INJURY	nderlying of 26. PLANER: reling Home 26c. INJU! WORI!	ceuee given in	h Part I.	24a. WAS AN PERFOI YES 2	H AUTOPSY AMED?	24b. V.	Approximate Interval Bets Onset and E Interv	1 2
23. PART I. Enter the dieses ahock, or heert immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditional if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algorificant c  25. WAS CASE REFERRED TO ME EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pend Invest 2 Accident Invest 3 Suicide 6 Coul 4 Homicide 6 Cause  29a. CERTIFIER  Check only 1 CERTIFYIII	b	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  The but not resulti	E OF):  E OF):  E OF):  TIME OF INJURY M  TIME OF INJURY M  The open of the course of	nderlying of 28. PLAN (FI: Fishing Home 28c. INJUI WORII 1 VEctory, office	ceuce given in  CE OF DEATH (C  5 □ Residence RY AT  K7  S 2 □ NO	h H α  ch as cer  Part I.  Check only c  6 □ Oth  28f. LO  C/h	24a. WAS AN PERFOI TO YES :	I AUTOPSY RMED?  and Number or	Ltc	Approximate Interval Bets Onset and E Onse	1 2
23. PART I. Enter the dieses ahock, or heert immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditional if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algorificant c  25. WAS CASE REFERRED TO ME EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pend Invest 2 Accident Invest 3 Suicide 6 Coul 4 Homicide 6 Cause  29a. CERTIFIER  Check only 1 CERTIFYIII	b c d onditions co	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  The but not resulti	E OF):  E OF):  E OF):  TIME OF INJURY M  To street, lace the getton, in my second at the lace the second at the lace the second at the lace the second at the lace the second at the lace the l	nderlying of the mode of the m	ceuce given in  CE OF DEATH (C  5 □ Residence RY AT  K7  S 2 □ NO	theck only of 28f. LO	24a. WAS AN PERFOI TO YES :	I AUTOPSY RMED?  In NO  INJURY OCCUPANT OF THE PROPERTY OF THE	Ltc	Approximate Interval Bett Onset and E Onse	1 2



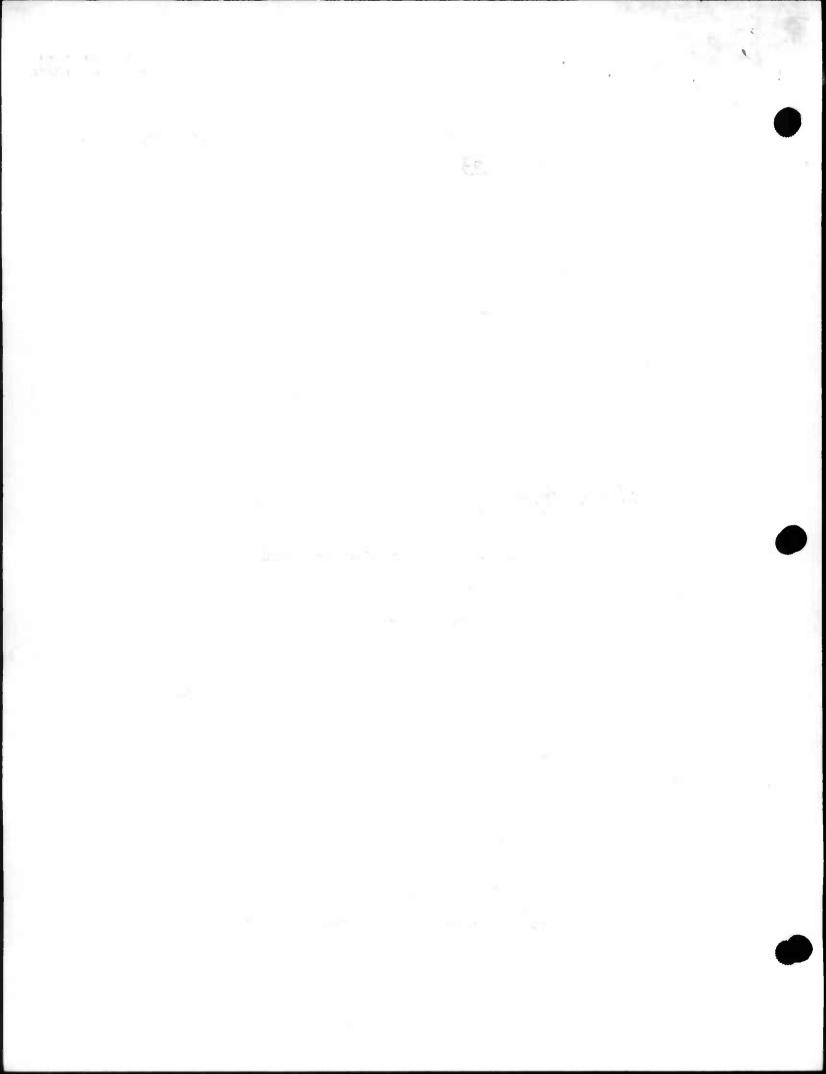
TO BE COMPLETED BY FUNERAL DIRECTOR

Ann	0
24	# 5
within	pletely
xecuted	and con
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	ECTOR: After this certificate has been signed by the attending physician and completely fille
ne death ce	the attendi
that th	ed by
requires	een sigr
e law	has b
SICIAN: Th	certificate
PHY	this
DING	After
ATTEN	ECTOR:

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	<b>MENTAL</b>	<b>HYGIENE</b>
C	ERTIFICATE	OF DEAT	Н		REG. NO.

FOR 1 - STATE REGISTRAR	STATE STATE STATE OF MARITEMENT OF BEAUTY AND MENTIAL IT GIENE							
1. DECEDENT'S NAME (First, Middle, L	1					AY YE	3. TIME OF DEATH	
949		nald Hodge			5 12	90	0033 H	
4. SOCIAL SECURITY NUMBER 212-12-0174	5/SEX 6. AGE		UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-1-1906	BIRTHPLACE (State or Foreign Country) Massachusetts		
9e. FACILITY NAME (If not institution,	give street and number)	96	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH	
St. Agnes Hosp	oital		Balti	more		Baltim	ore City	
10e. STATE 10b. CO	UNTY	10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?	
Maryland Bal	timore	Woodl		ZIP CODE		10a CITIZEN	1 TES 2 NO	
	Day America		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1207		USA	or what countries	
2000 Woodlawn	12. WAS DECEDENT EVER	IN HE ADMED			IIC ORIGIN? (Specify Ye		RACE — American Indian,	
1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 TYPES	2 NO	If yes, spe		n, Puerto Rican, etc.)		Black, White, atc.  Specify:  White	
15. DECEDENT'S		16a. DECEDENT'S USE	IAL OCCUPATIO	AI .	16b. KIND OF BU	SINESS/INDIGET		
(Specify only highest	grade completed)	(Give kind of work	done during mos	it of working	ISB. KIND OF BO	SINESS/INDUSTI	· ·	
Elementery/Secondary (0-12) Unknown	College (1-4 or 5+)	Truck Dri			J. Sch	oeneman	Co.	
17. FATHER'S NAME (First, Middle, Las		Truck Dri	IVCI	46 MATHED'S NA	ME (First, Middle, Maiden			
Unknown	9			Unknov		Surramej		
19e. INFORMANT'S NAME (Type/Print)		JOS MAILING AD	DDFCC (Classical and		Route Number, City or Tow	un Chan Tin Cod	-1	
Mrs. Doris Krah	i+2	215 Osl	AUGUST STATE OF THE STATE OF TH		onsville,		1228	
20a, METHOD OF DISPOSITION		b. PLACE OF DISPOSITION				CATION — CHY		
tx Burlel 2 ☐ Cremetion 3 ☐	Removal from State	other place)						
4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Woodlawn (	22 NAME AN	D ADDRESS OF FA	CILITY	dlawn,		
$\sim$ $\sim$ $\sim$	11 ,0	\	Loring	Byers I	uneral Di	rectors	, Inc.	
youn K	Ayr	1	8728 L	iberty H	Rd. Randa	11stown	, MD 21133	
interval I  IMMEDIATE CAUSE (Final disease Dr. condition reaulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  List only one cause on ach line.  Interval I  Onset are Interval I  Onset Interval I  Onset Interval I  Onset Interval I  Onset Interval I  Onset						Onset and Death		
PART II. Other significant cond	PART II. Other significant conditions contributing to death but not resulting in the underlying cause					NAUTOPSY RMED? 2	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC				ACE OF DEATH (Ch	eck only one)			
EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:  Nursing Home	e 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	7 28b. TIME O	F 28c. INJ	URY AT	28d. OESCRIBE HOW	INJURY OCCURE	50	
2 Accident Investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  26. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  26. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)					tural Route Number,			
4 Homicide determin	eu .							
one) —	MINER: On the basis of supplicat						use(s) end menner as stated.	
29b. SIGNATURE AND TITLE OF CER	TIFIER //			29c, LICENSE NU	MBER	29d. DATE SK	GNED (Morth, Day, Year)	
	4 von	m.D				D 57	18 /90	
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF D			O N DOG	110	-01		
31. DATE BILED (Month, Day Year)	A2 PEGISTRAR'S C	West of the	31.4	GNES	HOSPIT	1176	· · · · · · · · · · · · · · · · · · ·	
MAY 25 1990	52 REGISTRAR'S S				/			



urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should n by the fi filled in by t completely filler certificate be executed within

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

requires that the death

ME

HOSPITAL OR ATTENDING PHYSICIAN: The

hours after

FUNERAL within 72 h IMPORTANT: If

THE FIRST

28

Item 28

FUNERAL

ВҰ

COMPLETED

notified at P must examiner medical ŧ traumatic event, signed by the attending physician and com Health and Mental Hygiene prior to burial, other 0 DIRECTOR: After this certificate I hours after death with the State marked, or -52

MEDICAL

PHYSICIAN:

BY

29b. SIGNATURE AND TITLE OF CERTIFIER

James Kaplan, MD

NOTAPR 2 5 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

COMPLETED

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5-22-90 DAY Benkyel Hicks Α. 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F YRS. 5/4/89 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF CEATH DIRECTOR 2956 W. North Avenue Baltimore City RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Md. City Balto. 10e. STREET AND NUMBER 101. ZIP CODE 2956 W. North Ave. 21216 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FURCES? 1 YES 27 NO 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementery/Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clifford Hicks Desiree Dennis BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Desiree Dennis 2956 North Ave. Balto. Md. 21216 20e. METHOD OF DISPOSITION
1X Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Mt. · Zion Cemetery Donation 5 - Other (Specify) Lansdowne 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wainwright Funeral Home e m 2700 Edmondson Ave. Balto 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heert fallure. List only one ceuse on sech line IMMEDIATE CAUSE (Finel CERTIFICATION

90 14165

3. TIME OF CEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, Black

Md

Md

**Approximate** 

Interval Betwe

**Onset and Death** 

1 X YES 2 NO

6. BIRTHPLACE (State or Foreign

7:45PM

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.

eaulting in death)	e. Acute bacteria		itis (Noisse	eria Meningitis)	
Gequentially list conditions, any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events eaulting in death) LAST	b DUE TO (OR AS A CONSEC	·			
PART II. Other significent condition	one contributing to deeth but not a	resulting in the u	nderlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  XIXXXYES 2 □ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)	<u> </u>
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA 4 Nu	R: raing Home Reeldence	6 Other (Specify)	
7. MANNER OF DEATH  XXIIIIII 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCU	JRED
3 Suicide 6 Could not b	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	tory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.

2 MeDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manner ee stated.

29c. LICENSE NUMBER

OCME

111 Penn Street, Baltimore, MD 21201

VC

29d, DATE SIGNED (Month, Day, Year)

5-22-90

08 1 1 1 1 3 5

T-E SIM G

787 - 787 - 18

OHMH-18 Rev 1/89

REG. NO.

permit. Pages 1, 2, 3 should

burial-transit

FOR STATE REGISTRAR

24 nours after death, Page 6 may be retained by the hospital or attending physician. executed within law requires that the death certificate be The

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2 BAY 945 5.55PM JOHN J. HAGAN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 89 189-05-5606 1 M 2 - F JUL 13 0.0 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, CITY DIRECTOR SINAT HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD F YES 2 NO BALTIMORE, CIT 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21218 2729 U.S.A. NORTH CHARLES ST. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puarto Rican, etc.)

1 YES NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: ВҰ Divorced 3 Widowed physician and completely filled in by the funeral director, page 5 should be detached for use as the me prior to burial, cremation, or rememal. WHITE ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) AUTO PARTS MAN COMPL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ N/A BE HAGAN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 361 HOMELAND SOUTHWAY BALTIMORE, MD. 21212 JAMES E. JONES be METHOD OF DISPOSITION

Burial 2 Cremation 3 Ramoval from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or must 4 Donation 5 Other (Specify) IGNATIUS CH. KINGSTON, PA. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 H.W.JENKINS AND SONS CO. BALTO.MD le deson medical 23. PART i. Enter the diseases, or complications that caused the deat Do not enter the mode of dying, such as cerdiec or respiratory street, ehock, or heert feliure. Liet only one ceuse on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Finel** other traumatic event, the ROSEPSIS disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burial. CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 signed by the atter 23 shows any Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 - YES 2 - NO DE DEATH? 1 YES 2 NO this certificate has been with the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: THE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL DIRECTOR: After this certifical filed within 72 hours after death with the Sta npetient 2 - ER/Outpetient 3 - DOA 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 6 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, | 1 | Natural 5 Pending Investigation В 2 Accident
3 Suicide 28e. PLACE OF INJURY — At he building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 8 Could not be G 4 Homicide detarmined If Item 28 H CERTIFIER (Check only One) 2 MACRICAL SYSTEMS OF STATES COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 23 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UP 17251990° 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

.

.

## retained by the hospital or attending physician. should be detached for use as the burial-transit permit. Pages 1, 2, 3 should MARYLAND 21203-3146

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART!			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		,	<i>//</i>		2. DATE OF OEATH		3. TIME OF DEATH
	CHARLES	JOHN	HAMMON	ID		May 23,	1990	5:32 P'M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	(In yrs. lest birthdey)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
- 2	. 213-01-9581	1₫M2□F 74.	YRS.	ONTHS DAYS	HOURS MIN.	5-22-19		
1	9a. FACILITY NAME (If not institution, give str	reet and number)	9		R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	Liberty Medica	1 Center		Balti	more			
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
HO	Maryland Balt	imore	Park	cville				1 YES 2 NO
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1736 Redwood A	venue		2	1234		U.S.	Α.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? YS YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married  XX Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		NO Specify			Specify:
	15. DECEDENT'S EDUC		164. DECEDENT'S US	L OCCUPATIO	NM .	16b. KIND OF BU		White
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)		k done during mo		100. 10110 01 22	3111E3010C.	100
<u>P</u>	12 Years	College (1-4 to 3-7)	Instruc	ator		Weldi	na	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11100-		18. MOTHER'S NA	ME (First, Middle, Maiden		
BE C	Charles	н. н	Hammond		Mary		Ste	vens
TO B	19e. INFORMANT'S NAME (Type/Print)	10/55/2 10/01		DDRESS (Street a		Route Number, City or Tow	n, State, Zip Co	<sup>de)</sup> 21237
F	William John H					Route Number, City or Tow t Roseda		
	20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Remo	ovel from State	b. PLACE OF DISPOSIT other place)				-	or Town, State
	4 Donation 5 Other (Specify)		foreland	-	ial Par		to.co	.,Maryland
	21. SIGNATURE OF PUNCHAL SCHUIGE LIGH	ENSEE	1//	Willi	am E. J	ohnson, P		neral Home
	Milken	-2.6/	//	*				on,MD 21204
	23. PART f. Enter the diseeses, or conshock, or heert fellure. L	complications that caused List only ope cause on e	d the death. Do not each line.	enter the mo	de of dying, such	h as cardiac or resp	iratory arrest	, Approximata Interval Between
	IMMEDIATE CAUSE (Finel	6				_ 6		Onset end Death
	disease or condition resulting in death)	A CUTT	E RESP A CONSEQUENCE OF):	PRAT	BRY )	FAILUR	Z E	
_	_	P N1 14 /=	M CONSEQUENCE OF):	· ship	. <1	110130		
ON	Sequentially list conditions,	DUE TO (OR AS /	A CONSEQUENCE OF):	00.75	( =3/	1001		
CAT	If any, leading to immediate cause. Enter UNDERLYING							
TEK	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
	PART II. Other significant conditions				g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
5	CHRONI'	e PENAL	FAILL	1/2/5		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	DEMEN	TIA WITH	h CERIZ	BRAL	AT 1201	צאים	(sel me	OF DEATH?  1 □ YES 2 M NO
2 3	BILATI	ERAL EX	YE CI	+TAP	ACT			
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (Ch	eck only one)	-	
/SIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ☐ ER/Outp		OTHER:        Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
PH	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WC	IURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec		wet, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED						<u></u>		
AP.	CONSTRUCTION OF THE PROPERTY O	ICIAN: To the best of my know			-			
Ö	2 MEDICAL EXAMINE	2 (	in and/or investigation,	, in my opinion, o	leath occured at the	time, data and place, a	nd due to the c	ause(s) and manner as stated.
BE (	296. SIGNATURE AND TITLE OF CENTIFIER	- 10 111 11	/-		29c. LICENSE NUI			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	M S	) ·	D 2	3300	5	. 23.90
•	30. NAME AND ADDRESS OF PERSON WHO  SUDMIR. D. P  31. DATE FILED (Month, Day, Year)  APR 25 1990	ATEL 2	2600 Xil	415	RD. 1	BALTO	MD	, 21215
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SAG	ATURE					

w.

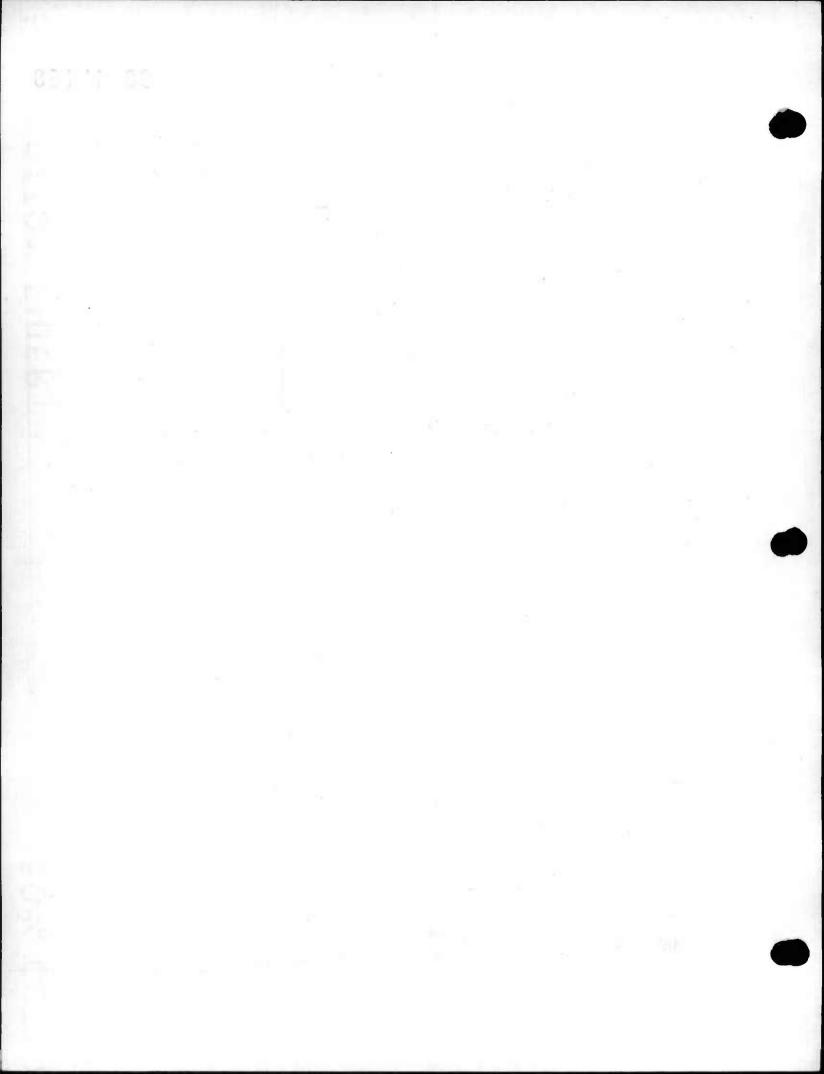
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Oliver Wong, M.D. c/o MARYLAND GENERAL c/o MAI

	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAL	HYGIEN REG. NO		0 (	14168	3
	1. DECEDENT'S NAME (First, Middle, Last)									F DEATH		3. 1	TIME OF DEATH	_
	ELIZABETH	В.	HI.	AVAC	1				MAY		1990	EAR	1·10 a M	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER		IF UNDER		7. DATE O	F BIRTH		BIRTHPLA	CE (State or Foreign	_
	212-03-3172	1 - M 2XXF	82	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	1907	Country) MAD	UT A NID	
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r, TOWN C	OR LOCATI	ON OF DE		27,	9c. COUNT	***		-
Œ	MARYLAND GEN	ERAL HO	SPTTAL			RAT'	TIMO	DE	CIT	v		-	_	
DIRECTOR	RESIDENCE OF DECEDENT	ERIID HOL	91 1 1 M			מאמ	1 1110	) ICE	CII	1		-		_
3E	10s. STATE 10b. COUNTY	ſ		10c. CIT	Y, TOWN							10d	. INSIDE CITY LIMITS?	
<u></u>	MARYLAND	. – – –			BAL	TIM	ORE					1 2	YES 2 NO	
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZE		COUNTRY?	-
FUNERAL	5603 FAIR OA	KS AVEN	UE			2	121	4			11	S.	Α .	
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED						(Specify Yes		RACE -	American Indian.	-
	1 Never Married 2 Merried	FORCES? 1	YES AT A	10			2 X XO		n, Puerto Ri	can, atc.)		Black, Wh		
ВУ	3 Widowed 4 Divorced						XA					V	VHITE	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of world	no	16b.	KIND OF BU	SINESS/INDUS	TRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)									
MP	NA	NA		HOME	EMAK	ER				OWN	HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									iddle, Malden	Sumame)			Ī
BE (	JAMES KULISH	EK					S01	PHIA	OPA	VA				
TO E	19s, INFORMANT'S NAME (Type/Print)										n, State, Zip C			
F	GERARD C. HLAVA	.C (SON)	5	603	FAI	R O	AKS	AVE	. BA	LTO.	, MD.	212	214	
	20s, METHOD OF DISPOSITION 1 To Burist 2 Cremation 3 Rem 4 Donallon 5 Other (Specify)	oval from Stale	20b. PLACE other pla		SITION (NO						cation — ch altin			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	5		22.	NAME A	ND ADDRE	SS OF FA	CILITY					_
	1	1	-	_/	S	CHI	MUNI	EK F	UNER	AL H	OMES,	INC	3.	
-	23. PART I. Entar the diseases, or	- Comments	un	The	_   3	331	BRI	HMS	LAN	E, B	ALTO.	, MI	21213	_
	shock, or heart failure.	List only one caus	e on each lina	attr. Do i	not entai	tna mo	de ot dy	ing, auc	n ea cardi	ac or reap	iratory arres	τ,	Approximata interval Between	1
	IMMEDIATE CAUSE (Final disease or condition												Onset and Death	h
		* HYPOTI	NSION	/ BR	ADY	CARI	ATA							
				DUENCE O	F):									
NO	Sequentially list conditions,	SEPSIS	OR AS A CONSEC				_							
ATI	if any, leading to immediate													
-IC	CAUSE (Disease or injury	c. DIABET	CIC KE	AOTE	CIDO	JSS								_
Ē	that initiated events resulting in death) LAST	502 10 (	on no n contact	ZOLITOL O	. ,.									
CERTIFICATION		d		-									-	_
_	PART II. Other significant condition	a contributing to	death but not r	eaulting	in the u	nderiyin	g cause	given in	Part I.				RE AUTOPSY FINDINGS	-
C									. 1	PERFO		CO	ILABLE PRIOR TO MPLETION OF CAUSE	
ED										1 TYES 2	M NO		DEATH?	
PHYSICIAN: MEDICA					-				- 1			1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF I	DEATH (Ch	eck only one					_
SIC	EXAMINER?	HOSPITAL:	ED/Outpettent 2	□ 204	OTHE	R:								_
HXS	27. MANNER OF DEATH	28a. DATE OF		28b. TIN		28c. INJ		saldence	6 Other		NJURY OCCU	RED		_
	Ú∑úNatural 5 ☐ Pending	(Month, Da	y, Ybar)	IN.	JURY	WO	PRK?	NO.	LOG. DEG	SHIDE HOW	MOONT OCCO	NED		
BY	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF	INJURY — At ho	me, farm.	street fac				284 LOCA	TION /Street	and Number or	Primal Bourte	Alumbar	_
ED	3 Suicide 6 Could not be 4 Homicide determined	building, e	etc. (Specify)	,,		,			City o	r Town, State,		710/07 110000	rvarraya,	
Ш	29s. CERTIFIER													_
MP	(Check only 1 A CEHTIFTING PHYS													
COMPLET	2 MEDICAL EXAMINE	H: On the basis of ex	amination and/or i	investigation	on, In my	opinion, d	leath occu	red at the	lime, dets	and place, s	nd due to the	csuse(a) an	d menner as stated.	
ш	296. SIGNATURE AND TITLE OF SERTIFIE	R	Tres -				29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED (Mo	nth, Day, Year)	
TO B	116	Mary	1					NI	A		•	5/2	3/90	
F	30. NAME AND ADDRESS OF PERSON WH	O COMBI ETED CAME	E OF OFATH ATE	M 070 (7-	Defeat			. /		_				-

HOSPITAL



1 - STATE

HEIVE	
. NO.	77:00 P. M.
TH	3. TIME OF DEATH

	REGISTRAR			CERTIF	ICAL	E UF	DEATH		REG. NO.			77.00 P.
!	1. DECEDENT'S NAME (First, Middle, Last)							- 5	DATE OF DEATH	NY.	YEAR	3. TIME OF DEATH
	GRACE HER							0	5 2	210		7 PM
	4. SOCIAL SECURITY NUMBER						IF UNDER 24 HRS. HOURS MIN.	- (	(Month Day Year) Country)			PLACE (State or Foreign
	171-20-6300	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year) Nov. 15, 1					910 PENNA.				
	9a. FACILITY NAME (If not institution, give st				R LOCATION OF	DEATH		9c. COU	INTY OF DE	ATH		
DIRECTOR	GOOD SAMARITA	N HOSP	LTAL		BA	ALTI	MORE			-		tona .
<u>5</u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		40. 017	V TOWN	OR LOCAT	1011	-				10d. INSIDE CITY
		NCE GEO	DCEC				HILLS					LIMITS?
	10a. STREET AND NUMBER	NOE GEO	RGED		INDO							1 TYES 2 NO
FUNERAL						101	2078	/.			S.	HAT COUNTRY?
밀	3704 WARNER AV											
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES Z	ARMED	13.	If yes, sp.	gify Cuben, Mexi	can, Pu	RIGIN? (Specify Yes larto Rican, atc.)	or No-	14, RACE Black,	- American Indian, White, etc.
≧	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	NO Spec	elfy:			Specify	WHITE
	15. DECEDENT'S EDUC	CATION	140.	. DECEDENT'S	Hellal	NOUBAT!	NI .		16b. KIND OF BUS		DUOTOV	
COMPLETED	(Specify only highest grade	completed)	3.5	(Give kind of life. Do NOT u	work done	during mo			166. KIND OF BU	SINE SS/INI	DUSTRY	
ا ڌ	Elementary/Secondary (0-12) NA	College (1-4 or 5 -	•)	номи					OWN H	OME		
<u> </u>	17. FATHER'S NAME (First, Middle, Lest)	NA					44 MOTHER'S	LA MET //	First, Middle, Maiden			
								,	KRIENE			
8	ENOS CRAMER  19a, INFORMANT'S NAME (Type/Print)			105 MAH (N/	ADDRES	O (Ohnort o			Number, City or Tow		- O- d-1	
2	RICHARD E. HER	DMAN (C	ONI									(D 2079/
	29a. METHOD OF DISPOSITION	KHAN (3					netery, crematory o				City or Toy	1D. 20784
	1 Burial 2 Cremation 5X Rame	oval from State	oth	er place)							rer,	
	4 Donation 6 Other (Specify)	FNSEF	-   00	MESIC			ORIAL ORIAL			CAS.	LEK,	ra.
	11	110							ERAL H	OMES	. TN	IC.
	the th	will	-		3	331	BREHM	SI	ANE, B	ALTC	)., N	ID. 21213
NC	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Alexander stric variable disease of the condition of the							Interval Between Onset and Dasth				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	с		NSEQUENCE O								
S		0										1
MEDICAL	PART II. Other significant condition	e contributing to	infic	ta.	in the u	ndertyln	g ceuse given i	n Parl	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL		-									
<u> </u>	EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (	Check o	nly one)			
PHYSICIAN:	1 ☑ YES 2 ☐ NO  27. MANNER OF DEATH	1 Inpetiont 2					e 5 Residenc	_				
	1 Natural 8 Pending	26a. DATE OF (Month, E		28b, Tif	JURY	WC	URY AT	260	J. DESCRIBE HOW I	NJURY OC	CURED	
	2 Accident Investigation	20. 21.022.5			IM		YES 2 NO					
	3 Suicide S Could not be 4 Homicide determined	building,	ate. (Specify)	At homa, farm,	street, te	ctory, offic	•	261	City or Town, State)	and Numbe	or or Rural A	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CHECK ONLY ONE) 2 MEDICAL EXAMINE											and manner as stated.
9	29b. SIGNATURE AND TITLE OF CERTIFIE	Mp.	4				29c. LICENSE N	UMBER		29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	7.0	MQ.		e, Print) GU	00	SAMA	R	MAN	1/20	sp.	MP.
	31. MTAY #2 (#511990 ar)	Wash Despite	the district	A Pro	a cell							

	1
ó	within
13140	hannan
<	Pa
F.O. 80X	11. The law commisses that the death confidents he experited to
	doop
2	4
Ē	ofende
VIIAL RECORDS,	- Continue
1	-
⋖	É
>	PIARI.
	O DUTOUTORS
INISION OF	O. STATE OF
$\leq$	0

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA		TIME OF DEATH		
	GENEVIEVE JAMIESON	I				05 23			3:55 A	М	
				F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		ountry)	CE (State or Forei	gn	
	159-09-2101	□ M 2 🔀 F	90 YRS.	ONTINS DATE	HOURS MIN.	07/19/1899			MD		
_	9a. FACILITY NAME (If not institution, give stree		1	b. CITY, TOWN O	R LOCATION OF DE	ATN	9c. COUNTY	OF DEATH	1		
IOR	GREATER BALTIMORE	MEDICAL CEN	TER T	OWSON			BALT	IMOI	RE		
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d	. INSIDE CITY	$\neg$	
8	MD Balti	more		Tows	on			1 [	LIMITS?	。	
AL.	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL DIRECTOR	7001 N Charles S	treet			2120	4	US	òΑ			
5		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN	NC ORIGIN? (Specify Yea n, Puarlo Rican, atc.)	or No- 14.	RACE - /	American Indian, site, etc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specify			Whi	te		
	15. DECEDENT'S EDUCAT	TION .	16a, DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BUS					
	(Specify only highest grade co		(Give kind of wor	rk done during mos retired.)	at of working						
PL	12		Home	emaker							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	T				ME (First, Middle, Maiden	Surname)	_			
BE	Engelbert Charl	Les Lawrence				na Heyer					
2	19a. INFORMANT'S NAME (Typo/Print) Mrs. Jaqueline J.	Smith	19b. MAILING A	ooness (Street a	AVO R	altimore,	n, State, Zip Cod	212	12		
-		V									
	20a METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remove	al trom Stata	New Catl	nedral (	Cemetery or	20c. LO B	cation — chy altimon				
	4 Donation County  21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE								-	
	Sherman Der	III I	4.11		York Ro	DEFELD HOM	E, INC. more, N		21212	, [	
			11			_		ıu.		$\overline{}$	
	23. PART i. Entar the diseesea, or cor ahock, or heart failure. Lis			t enter the mo	de or dying, auc	n ae cerdiac or reepi	ratory erreat,		Approximati Interval Bet	ween	
	iMMEDIATE CAUSE (Final disease or condition Counding Flooring Disease in time										
	disease or condition  a. Cardiac Electromechanical Dissociation  DUE TO (OR AS A CONSEQUENCE OR:										
_	Cerebrovascular Accident										
5	Sequentially list conditions, If any, leading to immediate										
2	CAUSE (Disease or injury	2115 22 12 12	************						-		
E	that initieted events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):								
CERTIFICATION	d.										
	PART II. Other eignificent conditione contributing to death but not reculting in the underlying ceuee given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTO AMAILABLE										
음	Coronary Artory Disease								MPLETION OF CAI DEATH?	USE	
ME						—	1	1 [	YES 2 NO	·	
Ä	AL HILL ALOS DETERMENTS TO HERIOLI										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	w	OTHER:	ACE OF DEATH (Ch					-	
λŁ	1 TYES 2 NO 1	28a. DATE OF INJURY	28b. TIME			8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUR	D		-	
ā	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK? ZES 2 NO						
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm, str	set, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or F	lural Route	Number,		
COMPLETED	4 Homicide determined	building, atc. (Spec	ny)			City or lown, State)					
밁	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the beat of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(a) and ma	nner an stated.				
MO	one)	On the basis of examination	n and/or investigation.	, In my opinion, d	eath occured at the	time, data and place, ar	nd due to the ca	use(a) an	d manner aa sta	ted.	
29c. LICENSE NUMBER   29d. DATE SIGNED (Month, L											
O BE	· coul	me_					▶ 05	. 2.	3.90		
٩	30. NAME AND ADDRESS OF PERSON WNO		ATN (ITEM 27) (Type, F	Print)							
	Mahmood Alikhan,		ATLINE								
	31. DATE FILED (Month, Day, Year)  APR 25 1990 4	32. REGISTRAR'S SIGN									
- 1	71 1/ 60 1550 54	SAPETA INTERNACED STATES	- Bondon								

107111 ne

The Street Control

BALTIMORE, MARYLAND 21203-3146

10

DIRECTOR
FUNERAL
ВУ
COMPLETED
BE
5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1	1. DECEDENT'S NAME (First, Middle, Last)		747			2. DATE OF OEATH	F OEATH 3. TIME OF DEATH				
	JOHN M	KRUPNIK				05 24	7 4:53 AM				
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign			
	213-30-6646  96. FACILITY NAME (# not institution, give stre	nXXM 2 □ F 57	YRS.	ONTHS DAYS	HOURS MIN.	12-30-193					
OR	THE JOHNS HOPK			BALTIMO				ORE CITY			
ᇤ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY			
DIRECTOR	Maryland Howard	d County	1910	cott Ci			LIMITS?				
	10e. STREET AND NUMBER	a country	22.2.2		ZIP COOE		10g. CITIZEN C	OF WHAT COUNTRY?			
FUNERAL	10074 Green Clove	r Dr.			21043		USA				
5	The state of the s	12. WAS DECEDENT EVER IN FORCES? 1 YES				IC ORIGIN? (Specify Yee	or No 14. R	ACE American Indien, Back, White, etc.			
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 X NO Specify	n, Puerto Rican, etc.)		pecify:			
	15. DECEDENT'S EDUC	ATION	16e, DECEDENT'S US					White			
ETE	(Specify only highest grade of	completed)		k done durina mo		16b. KIND OF BUS	SINESS/INDUSTR	Y			
COMPLETED	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Roofing	Contrac	tor	Krupnik	Brother	rs, Inc.			
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BE C	Steve Krupnik				Julia W	itkowski					
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street e	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code	)			
ř	Mrs. Rosemary Krup	pnik	10074 G	reen Cl	over Dr.	Ellicott	City, N	MD 21074			
	20e. METHOD OF DISPOSITION  ↑ Comparison 2 □ Cremetton 3 □ Remove	val from State	PLACE OF DISPOSIT other place)	ION (Name of cen	netary, crematory or		CATION — City o				
ı	4 Donation 5 Other (Specify)		ly Family		Cemeter		lallsto	wn, MD			
		1 ~		Loring	Byers F	uneral Dir	ectors	, Inc.			
	John KK	the s				d. Randal		, MD 21133			
	23. PART I Enter the diseases, or co shock, or heert failure. L			t antar tha mo	da of dying, suc	h aa cerdiac or reapi	ratory arrest,	Approximate interval Batween			
	IMMEDIATE CAUSE (Final										
	disease or condition Mehshat Color Co										
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,  If any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):										
SAT	cause. Enter UNDERLYING										
Ĕ	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
ERI	resulting in death) LAST										
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL			_		_	PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE			
AED								OF OEATH? 1 □ YES 2 □-NÓ			
2											
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATN (Ch	eck only one)					
YSIC		HOSPITAL: 1 Impetient 2 ER/Outp	atient 3 DOA	OTHER:	e 5 🗆 Residence	6 D Other (Specify)					
PH	27, MANNER OF OEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WC	RK?	28d. OEŞCRIBE HOW I	NJURY OCCURE	0			
ВУ	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, str cify)	eet, factory, offic	•	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLETED	290. CERTIFIER										
MPL	(Check only	CIAN: To the best of my know									
00		1: On the basic of examination	n end/or investigation.	in my opinion, o			d due to the ceu	ise(e) end manner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		55		29c. LICENSE NUI	WBER		NED (Month, Dey, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Torse I	Print)				124/50			
	michael A.mc Devi	HE 100 W	wife cl	(A) 16-	- lia R.	16 120 212	10.				
	31. DATE FILED MONTH PONCHOUS 400	32. REGISTRAR'S SIGN	ATURIN	1000	110 126	lt.mo ald	,				
	mm 25 1991	y guna wands	the state of	511							

5 J.

	74	ij.
ŝ	within	noletely
1	uted	00
2	exee	and
<	2	Ciar
ם	ficate	Dhysi
j	certi	dina
Ľ	death	aften
2	the	the /
d	that	A De
3	uires	Sign
L.	red	neer
_	WE S	Jas I
3	The	310
>	SICIAN	cartific
5	PHY	this
2	DING	Affer
DIVISION OF VITAL RECORDS, P.O. BOA 13148,	ATTEN	-cmp
5	9R	DIR
_	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	INFRAT DIRECTOR: After this certificate has been signed by the attending obysician and completely fill

24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, ion, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 he filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

9

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

9

										0.0	11170
										90	14172
FOR STATE REGISTRAR		STATE OF MAR	YLAN			F HEALTH AND OF DEATH	MENT	REG. NO			
1. DECEDENT'S NAME (First, HELEN	Middle, Last) KELL	Y /HELEN	ROS	SE KELL	Y.		2. 04 MO MA		19	90	5:20 p.m
4. SOCIAL SECURITY NUMB 212-42-104			GE (In yn	s. lest birthday) YRS.	MONTHS DAY		(M	TE OF BIRTH onth, Day, Year) -28-40		8. BIRTHI Country	PLACE (State or Foreign
9a. FACILITY NAME (If not in: THE JOHNS I	HOPKIN				96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY  9c. COUNTY OF E BALTIMO						
RESIDENCE OF DEC	10b. COUNT			40- 0(7)	TOWN OR LO	OCATION .					10d. INSIDE CITY
MD	IUB. COON I	Ť			TIMOF		Υ				LIMITS?
10e. STREET AND NUMBER						101. ZIP CODE			10g. CI1	IZEN OF W	HAT COUNTRY?
1767 DAR	LEY	AVE.				21213				USA	
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				. IX NO							American Indian, White, etc. Y: B L. A C K
(Specify only	EDENT'S EOU y highest grade	ICATION e completed)	16	a. OECEOENT'S I	ork done during	PATION g most of working		16b. KINO OF BU	SINESS/IN	OUSTRY	
12th GRADE	<u>1-12)</u>	College (1-4 or 5+)		NURSI	NURSING UNIT CLERK						
17. FATHER'S NAME (First, M		СНЕ				18. MOTHER'S N	AME (Fir	st, Middle, Maiden E COOL			
19a. INFORMANT'S NAME (7		_				reet and Number or Rura					1010
KIWANA 1	KNIGH	T		1767	DAR	RLEY AVE	- • /	BALTO	, MI	J. 2.	1213
20e, METHOD OF DISPOSIT  1	n 3 🗆 Ram	noval from Stata	oti	ACE OF DISPOS her place) EDAR	HILL	ON (Name of cometery, crematory or 4 I L L CEMETERY ANNE ARUN					DEL CO, MD
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22. NAM	E AND ADDRESS OF F	ACILITY				
> ble	adva	, War	9-	)	WM	.c. MARC	H F	.н. 1	101	E. N	ORTH AVE.
23. PART I. Entar the di shock, or h		complications that ca List only one cause			ot antar tha	mode of dying, su	ch as c	cardiac or resp	iratory a	rrest,	Approximate interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition resulting in death)  ### HYPOTENSION							2 HRS				
		BRAIN		EM IN		TION					2 DAYS
Sequentially list condition if sny, leading to imma cause. Entar UNDERLY	diata iNG	OUE TO (OR	AS A CC	INSEQUENCE OF	):	MORRA	SE				210AYS
CAUSE (Disease or injuthst initiated events	iry	U	OUE TO (OR AS A CONSEQUENCE OF):							2.00146	

e. Entar UNDERLYING CAUSE (Disease or injury that initiated events 21 DAYS ANTERIOR COMMUNICATING ANYEURSM. resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 NO 1 K Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 🔀 Natural 1 YES 2 NO 2 Accident
3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be determined 4 Homicide

29a. CERTIFIER
(Check only one)

29 | CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

20 | MEDICAL EXAMINES: On the best of asymptotic and/or investigation in my college, death occurred at the time, date and place, and due to the course of the time, date and place, and due to the course of the time, date and place, and due to the course of the time, date and place.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER ► 5/21/90

Right Roton; Neurology Reachest 30. NAME AND (DDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEMET) (Type, Print)

600 N. WOLFE ST, BALTIMORE, MO. RATAN; RAJIV

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, F.O. BOX 13149,	BALLIMORE, MARTLAND 21203-3140
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	r death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buiral-transit permit. Pages 1, 2, 3 should	ie funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to builal, cremation, or removal.	an'.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH		
1	ANTONIA	S.	KORAS			5 22	90			
1			yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign		
	219- 58-3014	1 🗆 M 2 🕮 F 86	YRS. MO	THIS DAYS	NOURS MIN.	(Month, Day, Yber) 2-2-04		reece		
	9a. FACILITY NAME (If not institution, give stre	et and number)	9b.	CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY C			
S S	8 Brookstone Ct.			Luther	ville		Baltim	ore		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		TOO CITY TO	WN OR LOCAT	ION		<u>.</u>	10d. INSIDE CITY		
E I		•	1000					LIMITS?		
	Maryland Balti	imore	Luthe	rville	ZIP CODE		10a CITIZEN (	OF WHAT COUNTRY?		
RA	8 Brookstone Ct.			100	1093		U.S.			
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED			IC ORIGIN? (Specify Yes	or No.— 14. F	ACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES			cify Cuban, Maxicar 2 NO Specify	n, Puerlo Ricen, etc.)		Black, White, etc.		
BY	3 X Widowed 4 Divorced				Ne .			White		
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	18a. DECEOENT'S USL (Give kind of work	done during mo	N st of working	16b. KIND OF BU	SINESS/INDUSTR	TY .		
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re							
₹ I	6 yrs		Homemake	r		Own Ho				
	17. FATHER'S NAME (First, Middle, Last)	7				ME (First, Middle, Maiden				
ᆱ	Basilios S  19a. INFORMANT'S NAME (Type/Print)	Sotiropoulos	Tab MAILING AD	DEER /Street o	Irene	Maga Route Number, City or Tow	afofis	N		
임	William Koras									
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITION			erville. 1	CATION — City of			
	1 X Burial 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State	other place) reek Ortho			Rai	ltimore	Md		
1	21. SIGNATURE OF FUNERAL SERVICE LICE		COR OF CHE	22. NAME AN	O ADORESS OF FAC	CILITY				
	· Mun a	Smill				uneral Hor Towson, Mc				
	23. PART i. Entar the diseases, Dr CD shock, or heart failure. L			enter the mo	de of dying, suci	h as cardiac or resp	iretory errest,	Approximate Interval Batween		
- 1	IMMEDIATE CAUSE (Finel							Onset and Death		
	disesse or condition resulting in death) e.									
Ì	DUE TO (OR AS A CONSEQUENCE OF):									
NO N	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING									
윤	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
E	resulting in death) LAST									
	DADT II. Other classificant conditions					Part I. 24s. WAS AN				
K	PART II. Other significant conditions	contributing to destri bu	it not resulting in t	ne underlyin	g ceuse given in	PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE		
ă						1 YE\$ :	2 NO	OF OEATH?		
Σ						— I		1 TYES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 D	ACE OF OEATH (Ch	eak anh ann)				
Ξ	EXAMINER?	HOSPITAL:		THER:						
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. IN.	URY AT	28d. OE\$CRIBE HOW	INJURY OCCURE	ED .		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	YES 2 NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY		et, factory, offic				ural Route Number,		
回	4 Homicida datarmined	building, atc. (Speci	ffy)	ome, farm, street, factory, offica  28f. LOCATION (Street and Number or Rural Route Number City or Town, State)						
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	NAN: To the best of my knowl	edge death occurred a	t the time date	and place, and due	to the causelet and me	nner se stated			
MP	(Original Orin)	R: On the basis of examination						use(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)		
BE	1 111	unter			7) 11 0		<b>&gt;</b> 5	123/90		
임	30. NAME AND AGORESS OF PERSON WHO		ATH (ITEM 27) (Type, Pri	nt)						
	Wilfred H. Towns	hend M.D. 14	E. Eagar	St.						
	31. DATE FILED (Month, Day, Year)	PERISTRAR AND	11th							
	MAY 25 1990 gul	D PHINISTER	<u></u>							

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pairs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	_	
	١	
		DIPERTOR
	l	IVO
		HINE
		N / E
		CITED
ŝ		MDI
100		00
DOM:		TO BE
200		
2		
CAGIIIIII		
2000		
2		
CTOIL		
amound		MOITA
Ding.		TIEL
5		100
-	ı	•

	FOR STATE OF MARYLAND 1 - REGISTRAR C				EALTH AND M		GIENE			
ļ	1, OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	DAY		YEAR	3. TIME OF DEATH
1	Kenneth Knight Ir	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						5 Z\ 90		
ì	218-58-2848	YRS.		DAYS	HOURS MIN.	(Month, Day, 9/7/5	Year)	Country) N.C.		
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY,	TOWN OF	R LOCATION OF DE		<u>-</u>	9c. COUN	ITY OF DE	
O.	University Hospital		В	alt	imore					
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CIT	Y, TOWN OF	LOCATI	ON				T	10d, INSIDE CITY LIMITS?
	Md.	Ва	ltimo	re						1 🖟 YES 2 🗌 NO
3AL	106. STREET AND NUMBER 1058 Argyle Ave.	10f. ZIP CODE 21201						10g. CITIZ	USA	SAT COUNTRY?
FUNERAL	11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	RMED	13. W	AS DECE	NDENT OF HISPAN	IC ORIGIN? (Sp				— American Indien,
BY FI	Never Merried 2 Merried FORCES? 1 YES 24  3 Widowed 4 Divorced FYES, GIVE WAR OR DATES	NO			cify Cuben, Mexican 2 NO Specify.		atc.)		Black, Specify	White, etc.
		DECEDENT'S	USUAL OC	CHPATIO	N	16b KINI	OF BUSI	NESS/IND		ack
	(Specify only highest grade completed)	(Give kind of the Do NOT un	work done du	uring mos	t of working	1000 11111	0. 500.			
COMPLETED										
	17. FATHER'S NAME (First, Middle, Last)  Kenneth Knight Sr.				18. MOTHER'S NAM	ME (First, Middle e Kni)		lumame)		
BE		19b. MAILING	ADDRESS	(Street ar	nd Number or Rural R		<u> </u>	State, Zip	Code)	
2	Elena Sherrod	901	Walnu	t A	ve. Balto	o. Md.	212	229		
	1 # Burial 2 Cremetion 3 Removal from State other	e of olspo place) Weste			etery, crematory or				City or Tow	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	weste	22. N	AME AN	D ADDRESS OF FAC				lle,	
	Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217									
	23. PART I Enter the diseases, or complications that caused the ahock, or heart failure. List only one cause on each li									Approximate Interval Between
									Onset and Death	
	disease or condition resulting in death)  a.   The ptococcs Phermonia  OUE TO (OR AS A CONSEQUENCE OF):									2 1 ocy
Z	immediate cause (Final disease or condition resulting in death)  Streptococcs Pneumonia  oue to (or as a consequence of):  Adult respiratory distress Syndrome  Due to (or as a consequence of):									
ATIO	Sequentially list conditions, If any, laading to immediata cause. Enter UNDERLYING									
등 의	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONS	EQUENCE O	F):							1
CERTIFICATION	resulting In death) LAST									
	PART II. Other significant conditions contributing to death but no	t resulting	In the und	darlying	cause given in	Part I. 24a	WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						10	YES 2	1		COMPLETION OF CAUSE OF DEATH?
M						_		1		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28, PL	ACE OF OEATH (Chi	ack only one)				
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient	3 🗆 DOA	OTHER 4 - Nurs		5 - Residence	8 - Other (Spi	ecffy)			
PHYSICIAN: MEDICAL	27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	AE OF JURY		RK7	28d. DESCRIE	E HOW IN	JURY OC	CUREO	
BY	2 Accident Investigation 26s, PLACE OF INJURY — At	home, farm,	atreet, facto		ES 2 NO	28t. LOCATIO	N (Street e	nd Number	or Rural Ro	oute Number,
COMPLETED	4 Homicide determined building, etc. (Specify)		me, farm, alrest, factory, office				28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occur	red at the til	me, date	end piece, and due	to the cause(e)	end men	ner as stat	ted.	
CON	2 MEDICAL EXAMINER: On the basis of examination end/	or investigati	on, in my o <sub>i</sub>	pinion, d	eath occured at the	time, date end	place, end			
BE	25 SHOWATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	ABER		29d. DAT	S/2	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I'	TEM 27) (Typ	e, Print)				13	1 -	016	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	-	22.5	<u>C</u>	reen S	+, Bo	:17.	Mi	7	1201
	MAY 2 5 1990 (1997)	200								

g made gran

permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MARYL	CERTIFIC				REG. NO.		
I. DECEDENT'S NAME (First, Middle, Last)		-			2, DATE OF	DEATH5	23/9,0	3. TIME OF DEATH 2:
ANNA KELLER					0	5/23		12 m
I. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D) 8/4/	BIRTH ey, Year)		RTHPLACE (State or Foreign untry)
214-56-9619  a. FACILITY NAME (If not institution, give s	1 M 2 XF	39 YRS.	CITY TOWN O	OR LOCATION OF DE			9c. COUNTY O	E DEATH
CHURCH HOSPITAL		- 1		ORE CI			sc. COUNTY O	PURATH
De. STATE 10b. COUNTY	Υ		OWN OR LOCAT	****				10d. INSIDE CITY LIMITS? 1 YES 2 NO
De. STREET AND NUMBER				. ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
719 MT. PLEASA	ANT AVE.			21224			USA	A
11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPANI If yes, specify Cuban, Maxican 1 YES 2 NO If YES, GIVE WAR OR DATES							E	ACE — American Indian, Heck, White, etc. Ipecify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	k done during mo: etired.)	ON st of working	16b. Ki	IND OF BUSIN	IESS/INDUSTR	Y
13th		Disak	orea					
Gilberto Paez				18. MOTHER'S NA Sylvia				
a. INFORMANT'S NAME (Type/Print)		10h MAII INC AD	INDESS /Street -	DYIVIC				
Melvin A. Kelle	r							, /land 21224
a. METHOD OF DISPOSITION  Burlal 2 Cremation 3 Rem	oval from State	b. PLACE OF DISPOSITION OF PIECE LAWN	ON (Name of cen	metery, crematory or		20c. LOCA	TION — City o	r Town, Stata
☐ Donation 5 ☐ Other (Specify)	rengee	Oak Lawii	-	L Y	CHITY	Ватт	imore	Ma.
Canana III.	- /	11						
23. PART i. Enter the disease, or	complications that cause	Mose death. Do not	anter the mo	de of dying, suc				dalk 21222
shock, pr heart(unive.	a. DUE TO JOR AS	GE LIVER	anter the mo DISEA	ASE	h se cardie			
shock, pr heart (in lure.  MMEDIATE CAUSE (Finel Ilsease or condition esuiting in death)  Gequentielly list conditione, I eny, leading to immediate ause. Entar UNDERLYING hat initiated events esuiting in death) LAST	BLEAT ONLY ONE CRUSE ON END STA	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	anter the mo DISEA	JMONIA	Part I. 2		UTOPSY JED?	Approximate interval Between
shock, pr heart (in lure.  MMEDIATE CAUSE (Finel lisease or condition esuiting in death)  Gequentielly list conditione, leave, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events esuiting in death) LAST  PART II. Other significent condition	BLEAT ONLY ONE CRUSE ON END STA	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	anter the mo DISEA LUGY SIS - PNEU	JMONIA	Part i. 2	c or respira	UTOPSY JED?	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
shock, pr heart (priore.  MMEDIATE CAUSE (Finel lisease or condition esuiting in death)  Sequentially list conditione, eny, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST  PART II. Other significent conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?	Liet only one cause on END STA	A CONSEQUENCE OF:	anter the mo DISEA LVGC SIS - PNEU the underlying	JMONIA  g ceuse given in	Part i. 2.	c or respira	UTOPSY JED?	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
shock, pr heart (in iture.  MMEDIATE CAUSE (Finel isease or condition essuiting in death)  sequentially list conditione, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury net initiated events essuiting in death) LAST  ART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO	Liet only one cause on END STA	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not reaulting in the consequence of the cons	anter the mo DISEA  UUSY  SIS  PNEU  the underlying	JMONIA  g ceuse given in	Part i. 2.  Pack only one)  6 Other (5	4a. WAS AN A PERFORM	UTOPSY JED?	Approximate interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
shock, pr heart (in lure.  MMEDIATE CAUSE (Finel lisease or condition esuiting in death)  Sequentially list conditione, learn, leading to immediate acuse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST  PART II. Other significent condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  7. MANNER OF OEATH  1 Natural 5 Pending	Liet only one cause on END STA	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in the sequence of the sequence	anter the mo DISEA  UUST  SIS  PNEU  the underlying  26. PI  Nursing Hom  of 28c. INJ  OF 28c. INJ  OF 28c. INJ	JMONIA  g ceuse given in	Part i. 2.  Pack only one)  6 Other (5	4a. WAS AN A PERFORM	UTOPSY ED? NO	Approximate interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
shock, pr heart (in iture.  MMEDIATE CAUSE (Finel lisease or condition esuiting in death)  Sequentielty list conditione, enry, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST  PART II. Other significent condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YONO  7. MANNER OF OEATH	Liet only one cause on END STA	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the con	anter the mo DISEA  UUST  SIS  PNEU  the underfying  26. PL  OTHER: Nursing Hom Ny M 1	JMONIA  G ceuse given in  LACE OF DEATH (Charter)  DEATH	Part I. 2.  Part I. 2.  Other (S 28d, DESCE	4a. WAS AN A PERFORM YES 2	UTOPSY HED?	Approximate interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significent condition  17. MANNER OF DEATH  1 Netural 5 Pending investigation investigation 3 Suicide 6 Could not be detarmined  19a. CERTIFIER (Check only 1 CERTIFYING PHYS)	Liet only one cause on END STA  a. DUE TO JOR AS  b. OUE TO JOR AS  c. DUE TO JOR AS  d. DUE TO JOR AS	each line.  GE LIVER  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not reaulting in the consequence of the c	anter the mo DISEA  UUSY  SIS  PNEU  the underfying  28. PI  THER: Nursing Horr  Nursing Horr  pet, factory, office at the time, data	JMONIA  G ceuse given in  LACE OF DEATH (CHORN AT JURY AT J	Part I. 2.  Part I. 2.  Oneck only one)  6  Other (S)  26f. LOCATI City or	4a. WAS AN A PERFORM  YES 2 [ Specify]  RIBE HOW IN.  ION (Street an Town, Stere)	UTOPSY LED? NO DURY OCCURE of Number or Re	Approximate interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined	Liet only one cause on END STAC  a. DUE TO LOR AS  DUE TO LOR AS  DUE TO LOR AS  DUE TO LOR AS  DUE TO LOR AS  C. DUE TO LOR AS  d. DUE TO LOR AS  DUE TO LO	each line.  GE LIVER  A CONSEQUENCE OF):  SEPS  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not reaulting in the consequence of	anter the mo DISEA  UUSY  SIS  PNEU  the underfying  28. PI  THER: Nursing Horr  Nursing Horr  pet, factory, office at the time, data	JMONIA  G ceuse given in  LACE OF DEATH (CHORN AT JURY AT J	Part i. 2:  Part i. 2:  Octoor (5:  28d. DESCF  28f. LOCATI City or  to the cause time, date ar	4a. WAS AN A PERFORM  YES 2 [ Specify)  RIBE HOW IN.  ION (Street an Town, State)	UTOPSY   DED?   NO   DURY OCCURE   No   Dury occure	Approximate interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO

BAL	death
m	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
	ULS
	4
o,	ATT.
4	rted
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	exect
×	2
8	cate
_	ertif
9	4
<u>.</u>	deat
S	the
분	that
Ö	188
Щ	edni
Œ	WE
4	he
	-
>	CIA
H	F-S
7	G P
ō	S
S	TEN
>	RA
Ō	0
	PITA
	S

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atts be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is, marked, or Item 23 shows any Injury,
--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

								90 1417
FOR STATE	STATE OF MARYL	AND / DEPAR	RTMENT	OF HEALTH	I AND ME	NTAL HYGIENE		15 7. 21 11. 7
REGISTRAR		CERTIF	ICATE	OF DEA	TH	REG. NO.		
1. DECEOENT'S NAME (First, Middle, Last)	1 1-	V.	11-	1.7	2	OATE OF DEATH	,	3. TIME OF DEATH
Kayma	nd E		116	<u>Y</u>		May 2	1	90 10:00A M
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	MONTHS I	YEAR IF UNDE	R 24 HRS. 7	(Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
233-48-6374	12 M 2 □ F 6 A	YRS.	WONTE	DATE HOUNG	Milk.	7.21.27		BerkeleyCo, WV
9e. FACILITY NAME (ti not institution, give str	reet and number)		9b. CITY, T	OWN OR LOCAT	TION OF DEAT			ITY OF DEATH
Washington Cour	rtu Hospiuc	zl	Hag.	erstoi	υn		Wasi	hington
RESIDENCE OF DECEDENT								
	4		Y, TOWN OR					10d. INSIDE CITY LIMITS?
W. Va. Berks	leg	Hed	gesv.	7				1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP COI				ZEN OF WHAT COUNTRY?
Rt 1 Box 224				25427			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES					ORIGIN? (Specify Yea Puerto Rican, atc.)	or No-	14. RACE — American Indien, Black, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			YES 2 NO		,		Specify:
10010				10000000		T		white
15. DECEOENT'S EDUC (Specify only highest grade	completed)	(Give kind of	work done dui	UPATION ring most of work	dng	16b. KIND OF BUS	INESS/INDI	USTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u						
8 t h		Truck	Driv			Transpo		tion
17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Maiden S	,	
Clarence Kelle	2.11			Mo	artha	C. Rupp	?	
19a. INFORMANT'S NAME (Type/Print)	•	111				ite Number, City or Town		
Phyllis I. Kels	ley	Rt 1	Box	224 H	edges	ville, h	1.Va	. 25427
20a. METHOD OF OISPOSITION 1,□, Burial 2 □ Cremation 3 □ Ramo	200	PLACE OF DISPO	SITION (Name	e of cemetery, cre	ematory or	20c. LOC	ATION —	City or Town, Stata
4 Donation 6 Other (Specify)	P.		Vie	w Mem.	Gan	dens Man	tin	shura
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	C.C. WOLLING	22. N/	ME AND ADDR	ESS OF FACIL	eral Cho	0	
· Alva 9	J Lan	Les				eral Cha e Rd.Mi		1.1 1/
23. PART I. Enter the diseases, or c	omplications that coused	the death. Do	not enter th	ne mode of d	ying, auch a	na cerdiec or respir	etory arm	eet, Approximate
	List only one cause on e				1	0		Intarval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	A 0.0	· Mya	and	100	maja	2 cotices		Onote and Death
resulting in death)		CONSEQUENCE C		1.00		-110-1		
	50E 10 (011 A5 )	. CONSECUENCE C	. ,.					
Sequentielly list conditions,	DUE TO (OR AS A	CONSEQUENCE O	IFI:					
If any, leading to immediate cause. Enter UNDERLYING	DOC 10 (011 ND )	CONSCOULNCE	· · · ·					İ
CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE O						
that initiated events resulting in death) LAST	DGE TO (ON AS A	CONSEGUENCE	r):					
	1							
PART II. Other algnificent conditions	a contributing to death b	ut not reaulting	In the und	erlying ceuse	given in Pa	ert I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ 1 □ YES 2	₽ NO	OF DEATH?
						_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		07115	26. PLACE OF	OEATH (Check	conly one)		
1 TES 2 NO	1   Inpetient 2 ER/Outp	etlent 3 🗆 DOA	OTHER:	ng Home 5 🗆 I	Residence 6	Other (Specify)		
27. MANNER OF OEATH	26a, DATE OF INJURY (Month, Day, Year)	26b. T/f	AE OF 2	8c. INJURY AT WORK?	2	8d. DEŞCRIBE HOW IN	JURY OCC	CURED
1 Natural 5 Pending 2 Accident Investigation	(		М	1 YES 2	□ NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm,	street, factor	y, office	2	61. LOCATION (Street a	nd Number	or Rural Route Number,
4 Homicide determined	building, etc. (Spec	my)				City or Town, State)		
29a. CERTIFIER	CIAN: To the heat of my !	lades do the			4 4 - :			
one)	CIAN: To the best of my know							
2 LI MEDICAL EXAMINE	On the Desig of Examinatio	andror investigati	on, in my opi	naon, destil occ	oreu at the tin	ne, usta and place, and	uua to th	e cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	04220				CENSE NUMBI	ER	29d. DATE	E SIGNED (Month, Day, Year)

MESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Bype, Print)

WATERDMO- 1610- OAK H'I(

1990 July Saurdson-humane

OHMH-16 Rev 1/89

MD 21740

HAGERSTOWN.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR A	TO THE FUNERAL DIRECT D	IMPORTANT: It Item

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
		C	ERTIFICATE	OI	F DEAT	H		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last Jeffrey	4.7	rancevic			2. DATE O MONTH May			AR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH						HRTHPL A	ACE (State or Foreign
	301-66-8721	1 Ø M 2 □ F 2	26 YRS. MOI	ITHS DAYS	HOURS MIN.	07	Day. Year) -17-1	963 (	Ohi	0
	9a. FACILITY NAME (If not institution, give	street and number)	96	CITY, TOWN O	R LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	н
DIRECTOR		Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT								
ן ב	10a. STATE 10b. COUN	тү		OWN OR LOCAT					10-	d, INSIDE CITY LIMITS?
	Maryland	Baltimore								X YES 2 NO
Š	10e, STREET AND NUMBER								OF WHA	T COUNTRY?
BT FUNERAL	1010 EUTAW PL	0 Eutaw Place 21217  LISTATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee							BACE -	American Indian,
-	1 Never Married 2 Married	FORCES? 1 YES	2. NO	If yes, spe	cify Cuben, Mexica 2 X NO Specifi	in, Puerto R			Black, W Specify:	hite, etc.
	3 Widowed 4 Divorced									ite
COMPLETED	15. DECEDENT'S ED_ (Specify only highest gradual)	de completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo:	N st of working	16b.	KIND OF BUS	NESS/INDUST	RY	
ž	Elementary/Secondary (0-12) 12th	4yrs	Desk	Cler	k		Но	tel		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
מנו	Frank J. Kran	cevic			Brenda	a C.	Turn	bull		
2	190. INFORMANT'S NAME (Type/Print)  Brenda C. Kra				nd Number or Rural					OTT JUJ 21
	Brenda C. Kra					, NO.				OH 44131
	20c. METHOD OF DISPOSITION  1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Cremation Society of Maryland									
	George E.	MacNabb								MD 2122
AL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Pneumon Due to (or as Human I Due to (or as	A CONSEQUENCE OF):  MMUNOdef  A CONSEQUENCE OF):	icien	cy Viru	15	24s. WAS AN			ERE AUTOPSY FINDINGS
MEDIC	-					_	PERFOR		OI OI	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PI	ACE OF DEATH (C)	neck only on	e)			
PHISICIAN	1 YES 2 NO	1 1 Inpatient 2 □ ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence			I II IIIV COO!	50	
	27, MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT PRK? YES 2 NO	26d. DES	CRIBE HOW I	IJUNT OCCUR	EU	
ED BY	2 Accident Investigation						te Number,			
COMPLEIED	TOTAL OTHY	YSICIAN: To the best of my kno INER: On the basis of examinati							ouse(e) e	nd menner ee stated.
_	29b. SIGNATURE AND TITLE OF CERTIF	HE ) 1	w		29c. LICENSE NU	MBER		29d. DATE S	GNED (M	onth, Day, Year)
0 00		chod.			N/A			<b>•</b>	7 /	23/90.
-	30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE OF D			ryland	Gene	eral I	lospi	tal	
	NAY 2 5 19900	32. REGISTRAR'S SIG								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Security attendeath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It less 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

4	1 - FOR STATE REGIS
	1. DECEDEN
	] ]
eXI	4. SOCIAL S
711	1/6

	1 - STATE REGISTRAR	CERTIFIC	CATE O	F DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)				2. OATE OF DEATH		3. TIME OF DEATH						
	Theodore E. Kesting, Jr. 5 21 90 2:33 F.												
- 1		SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHF											
	146-14-1404 1X M 2 □ F 66	YRS.	ONTHS DAY	8 HOURS MIN.	(Manth Pay 724	Cou Mã	aryland						
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c, COUNTY OF							
œ		1		1timore									
6	164 Stanmore Road					Balto	•						
ñ l	10a. STATE 10b. COUNTY	-		10d. INSIDE CITY LIMITS?									
DIRECTOR	Maryland Balto.	land Balto. Baltimore											
7	10e. STREET AND NUMBER		10g. CITIZEN OI	F WHAT COUNTRY?									
8	164 Stanmore Road		1	21212		,,,	S.A.						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER I	IIC ORIGIN? (Specify Yes	or No- 14, BA	ACE — American Indian, ack, White, atc.									
à	3 Widowed 4 Divorced WW.L.L		'-				White						
입	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUSTRY	,						
ᇤ	Elementery/Secondary (0-12) College (1-4 or 5+)			most of working									
로	3	Electric	c Heat	Specialis	st  Balto	. G. & E	Co.						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)							
BEC	Theodore E. Kesting, Sr.			Helen	n Mur	ray							
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING /	AOORESS (Str	et and Number or Rural	Route Number, City or Tow	n, State, Zip Code)							
욘	Mrs. Marianne A. Kesting			Same as	Эе								
	20s. METHOD OF DISPOSITION 20	b. PLACE OF DISPOSI other place)	TION (Name o	cemetery, crematory or	20c. LC	CATION — City or	Town, Stata						
	4 Donation 5 Oner (Specify) Greenmount Cemetery 5/22/90 Balto.												
	21. SIGNATURE OF FUNERAL SERVICE LUCENSEE	1/	22. NAM	E AND AGORESS OF FA		York Rd.							
	> War lite Allahil	1	Ru	ck Towson	Funeral Ho								
	23. PART I. Enter the diseases, or complications that cause	d the death. Do no					Approximate						
	ahock, or heert feilure. Liet only one ceuee on		or enter the	mode of dying, add	is all ceruled of reap	netory arreat,	Interval Between						
	IMMEDIATE CAUSE (Finel disease or condition		4	11			Onset and Death						
	resulting in death)	A CONSEQUENCE OF	The l	Alex.									
	DUE TO (OR AS	A CONSEQUENCE OF)	):										
N	Sequentially list conditions, b.	A CONSEQUENCE OF					-						
DICAL CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING	A CONSECUENCE OF	12				j						
윤	CAUSE (Disease or injury C.	A CONSEQUENCE OF	):				<del>-</del>						
Ē	resulting in deeth) LAST						ļ						
핑	6												
4	PART ii. Other eignificent conditione contributing to deeth	but not resulting in	the under	ying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO						
2					1 PYES		COMPLETION OF CAUSE OF DEATH?						
Ä						7.4	1 YES 2 NO						
-													
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		2	8. PLACE OF OEATH (C)	neck only one)								
Sic	EXAMINER?  1  YES 2 NO		OTHER:	Home 5 Realdence	6 Other (Specify)								
H	27. MANNER OF DEATH 26s. DATE OF INJURY	26b. TIME	OF 260	INJURY AT	26d. DESCRIBE HOW	INJURY OCCURED	,						
	1 Netural 5 Pending (Month, Dey, Year)	INJE		WORK?									
ВУ	3 Suicide 26s. PLACE OF INJUR	IY — A1 homa, farm, st	treet, factory,	office	261. LOCATION (Street	and Number or Rus	ral Route Number,						
COMPLETED	4 Homicide determined building, atc. (Spi	ecify)			City or Town, State	)							
	29a, CERTIFIER												
MP	(Check only one)    CERTIFYING PHYSICIAN: To the best of my known one)						sa(s) and manner as stated						
00			i, iii iiiy opiiiii										
BE	296, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		29d. DATE SIGN	NED (Month, Day, Year)						
9	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF O	CATH (ITEM 27)	Print)	0185	07	1-5/2	2/70						
	Dr. Charles B. Hatton - 760			Towson, Mo	1 2120/	/	,						
				LOWSOII, PIC	1 2 2 1 2 0 4								
	31. OATE FILED (MAY 25 1990 32. REGISTRAR'S SIG	lan-Alacha M											

00 10178

.

1 - 1 2 2 2 2 1 3 1 3 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			1. DECE
retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIA 2 2 90. FACI 170 RESID 100. STA MAI
ling physician. the burial-transi		BY FUNE	11. MAR 1
retained by the hospital or attending physician. 5 should be detached for use as the burial-tran	ğ	MPLETED	Elem U]
ed by the	notified at once.	BE CO	
retain 5 shot	notifit	2	19e. INF

1 - FOR STATE REGISTRAR	8	STATE OF M		D / DEPAR					MENTAL HY(	IENE				
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEA			YEAR	3. TIME OF DEATH	
	DONALD		OUT						05 2		90	)	4:00	
4. SOCIAL SECURITY NUMB		SEX		s. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Y	bar)	.	Country		ign
218-18-037		M 2   F	65	YRS.	21 22				07 2	5 2	24		MARYLAND	
90. FACILITY NAME (# not in:						ESSE	R LOCATI	ON OF DE	EATH			TY OF DI	IMORE	
RESIDENCE OF DEC		KIVE				200E	Λ				- '	DALI.	LFIORE	
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O								10d. INSIDE CITY LIMITS?	
MARYLAND	BAL	TIMORE			ES	SSEX							1 YES 2 N	10
1707 GLI	EN CURTI	S DRIVI	Ξ				2122				10g. CITI		USA	
11. MARITAL STATUS	12.	. WAS DECEDEN FORCES? 1	FEVER IN U.S	S. ARMED					NIC ORIGIN? (Spec		or No-	14. RACE Black	— Americen Indian, , White, afc.	1,
1 Never Married 2 3 Widowed 4 Divo	rced	FORCES? 1	AR OR DATES	<i>A</i>			2 X NO			,		Speci		
15. DEC	EDENT'S EDUCATION			e. DECEDENT'S	USUAL OC	CUPATIO	N N		16b, KIND (	OF BUSI	NESS/IND	USTRY	WIIII	
(Specify only Elementary/Secondary (0	y highest grade com	pleted) ollege (1-4 or 5 +		(Give kind of life. Do NOT u	work done o	during mos	st of workin	ng						
UNKNOWN				ENGIN	EER					RA:	ILRO	AD		
17. FATHER'S NAME (First, Mi	iddle, Last)								ME (First, Middle, A	Aaiden S	iumame)			
LEROY KRO	Contract of the last							UNKN						
DONNA BOX									Floute Number, City				21211	
20e. METHOD OF DISPOSITION 1 W Burlel 2 Cremetto 4 Donetton 5 Other	n 3 🗆 Removal	from State	oth	ACE OF DISPO Per place) KLAWN			netery, cren	natory or	2		ATION —		wn, State MARY LAND	
21. SIGNATURE OF FUNERA		333	-   OA	\(\)	_		ID ADDRE	SS OF FA	CILITY	DA.	DITII	JILL,	TARTHAD	
> a.	Glar	1 Ser	去	h		A. A 3615	LAN -19	SEIT CHES	Z, JR.	FUN E.,	ERAL BAL	HOM	E MD. 212]	11
23. PART I. Enter the di	iseases, or com eert fellure. Liet				not antar	tha mo	da of dy	ing, suc	h as cardlac or	reapir	atory err	est,	Approximat	
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	nel	Hyp											Onset and I	
morrow of these		ASCI		INSEQUENCE O	F):									
Sequentielly list conditi If any, leading to imme-	10110,	DUE TO	OR AS A CO	MISEQUENCE O	F) /	1								
cause. Enter UNDERLYI CAUSE (Disease or Inju		Chian	e r	enal	fai	lu	A .							
that initieted events resulting in death) LAS	т	DUE 10	(OR AS A CO	INSEQUENCE O	Dr.									
	d													
PART II. Other significe		tive						given in	Part I. 24a. V	ERFOR	MED?	24b	WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA	ro
Chocker (	Opsuic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Marie	<del>a . u</del> y	Jul		4		1 🗆 1	YES 2	NO		OF DEATH?	
									-		•		1 YES 2 NO	0
25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	DEATH (Ch	neck only one)					
EXAMINER?		OSPITAL:	ER/Outpatle	nt 3 🗆 DOA	OTHER	A:	V		8 Other (Speci	(h/)				
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIR		28c. INJ	URY AT		28d. DESCRIBE		JURY OC	CURED		
	Pending Investigation	(MORIII, D	ay, rear)	, in	M	1 🗆 1	PRK? YES 2	□ NO						
3 Suicide 8	Could not be datermined	26e. PLACE C building,	F INJURY — etc. (Specify)	Af home, ferm,	atreet, fact	ory, offic	•		281. LOCATION ( City or Town	Street e., State)	nd Number	or Rural I	Route Number,	
290. CERTIFIER	TIFYING PHYSICIAI	N: To the best of	mu knowlede	no doub assur	and all this d	less deta	and plan	and due	to the course(s) of	nd man				
cont only		_											a) end menner ee sta	ated.
296. SHOPPATHE AND THE	THE CENTYLEN	ces .					29c. LIC	ENSE NU	MBER 2997		29d. DAT	S-2	2 - On	
BARL SPE		OMPLETED CAU	2	-	e, Print)	3 R	0 =	70	BA	1-2	2	140	21218	
31. DATE FILED (Month, Day,	WLING;	32. REGISTRA		IRE		3		1 .	13/1	LIC	/ /	עוש	4/4/0	
MAY 25	1990	Lille No	Hodson-1	fandell										

. .

-

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE FI	be filed w	IMPORT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH												3. TIME OF DEATH		
	Howard					LOUIS			SR.		5-21-90		7:56PM M		
DIRECTOR	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs.		t birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Fit Country)		
	215-28-2278		1 📉 M 2 🗌 F	5 7	YRS.	MONTHS	DAYS	HOURS	HOURS MIN.		12-06-32		Courn	"MD.	
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						EATH			
	418 E. 25th Street					Baltimore City									
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LO				CATION					10d. INSIDE CITY	
<u>E</u>	MD								MORE, MD.				LIMITS?		
COMPLETED BY FUNERAL (	10e. STREET AND NUMBER		- 01			10f. ZIP CODE			10g. CITIZEN OI			WHAT COUNTRY?			
	418 E. 25th STREET								21218						
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A					RMED 13. WAS DEC			ECENDENT OF HISPANIC ORIGIN			or No-	USA 14. RAC	E American Indian.	
	IE VES CIVE WAD OR DA				ATES			If yes, specify Cuban, Maxican, 1 YES 2 NO Specify:						k, White, atc.	
	3 🖄 Widowed 4 🗆 Divorced											BLACK			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				CEDENT'S	USUAL (	AL OCCUPATION done during most of working red.)			16b. KIND OF BUSINESS/INDUS			USTRY		
3	Elementary/Secondary (0-12) College (1-4 or 5+)			+)						Catambia Build			7 2	Causan Ca	
ME	12th Grade 17. FATHER'S NAME (First, Middle, Lest)			Ma	Maintenan						Columbia Build. Sup			supp. co.	
	SAMUEL LOUIS										DAVIS LOUIS				
B	20010					ESSIE DAVIS LOUIS  D. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	MOINEVER WILSON				418 E. 25th ST./ BALTIMORE, MD. 21218								21218		
	20a, METHOD OF DISPOSITION  1				OF DISPOSITION (Name of cometers, cremetors or 20c, LOCATION — City						City or To	own, State			
	4 Donation 5 Other (Specify)				STER	N S	TAR	CEM	ETE	RY	CA.	TONS	VIL	LE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY									
	K 4	ane-		WM.C. MARCH F.H. 1101 E. NORTH AVE								ORTH AVE.			
	23. PART i. Enter the d	llacases, or	mplications the	it caused the de	ath. Do	not ente	er the m	ode of dy	ing, suc	h as card	lac or respi	iratory sri	rest,	Approximate Interval Between	
												Onset and Death			
disease or condition Chronic obstructive pulmonary disease															
	DUE TO (OR AS A CONSEQUENCE OF):														
N	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):														
Ā	if any, leading to imme cause. Enter UNDERLY	(OH AS A CONSE	CONSEQUENCE OF):									i i			
E S	CAUSE (Disease or Injutation that initiated events	(OR AS A CONSE													
MEDICAL CERTIFICATION	reculting in death) LAS	т	d												
뜅	DART II. Oakaa alaaliia									m I			1		
3	PART II. Other eignificent conditions contributing to deeth but not re Chronic alcohol abuse					euiting in the underlying ceuse						PERFORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ă											1 TES 2 TONO			OF DEATH?	
_										INSPE		OCTION 1		1 ☐ YES XX NO	
AN	25. WAS CASE REFERRED 1	TO MEDICAL	i				26 1	DI ACE OF	DEATH /C	neck only on	0)				
2	EXAMINER? XIXXYES 2 \( \square\) NO		HOSPITAL:	☐ ER/Outpatient 3		ОТН	ER:								
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O		28b. TII		*	JURY AT	feeldence	8 Othe	CRIBE HOW I	NJURY OC	CURED		
	Natural 5 Pending (Month, Day, Year)					JURY M	Y WORK?								
ВУ	2 Accident Investigation 3 Suicide 6 Could and he 28e. PLACE OF INJURY — At hor									261. LOCATION (Street and Number or Rural Route Number,					
COMPLETED	3 Suicide 6 Could not be building, stc. (Specify)										City or Town, State)				
E	29a. CERTIFIER CER	29s. CERTIFIER  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) end menner as stated.													
MP	Crieck Only	1-100-T		III Committee on the committee of the co				C-131-			200			(a) and menner as stated.	
	29b, SIGNATURE AND TITE		29c. LICENSE N				JMBER 29d. DATE 8			E SIGNE	D (Month, Day, Year)				
BE						OCME									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CASE OF DEATH (ITEM 27) (Typs, Print)														
	James Kap					111	l Pei	nn St	reet	,Bal	timore	, MD	2120	1 vo	
	MAY 25	1990	32. REGISTR	AR'S SIGNATURE	A SE										

1	STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN		0.	-1111	OAIL	<u> </u>		7.1	п	EG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)  MARGARE, T LANCH	IAK							2. DATE OF C	EATH DA	Y Q	OYEAR	3. TIME OF DEATH 5:16 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	A AOE # 1				1		7. DATE OF B		7		_
	214-12-4694	1 M 2 XXF	6. AGE (In yrs. last	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Month, Day	( Year)	•	Count	
			77	ins.					11-30				RYLAND
~	9a. FACILITY NAME (If not Institution, give st. THE JOHNS HOPK)		ጥለ፣				MORE	ON OF DE	ATH		BALT	IMOR	E CITY
DIRECTOR	RESIDENCE OF DECEDENT	LNS HOSFI	IAL		Dr	ш.т	TIOILE						
Si I	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
Ä	MARYLAND			BALTIMORE CITY					7 <i>T</i> 1/	LIMITS?			LIMITS? X1 XYES 2 NO
_	10e. STREET AND NUMBER			101. ZIP CODE					LIY		10a. CIT		WHAT COUNTRY?
BY FUNERAL	6817 BANK STREET							2122	1				
Z I	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.3	WAS DEC			4 IIC Offigin? (Si	acify Vee	or No.		S.A. E — American Indian,
ᇤ	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2XX	10	81	yes, sp	ecify Cubs	n, Mexicai	n, Puarto Rican	, atc.)		Blec	k, White, atc.
	3 XWidowed 4 Divorced	IF YES, GIVE W	AH OH DATES		'	_ TES	XX NO	Specify				Spec	WHITE
COMPLETED	15. DECEOENT'S EDUC	CATION	18a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		18b. KIN	D OF BUS	INESS/IN	DUSTRY	li li
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	116n	Do NOT us	work done d se retired.)	uring mo	IST OF WORKE	ng					
집	6TH GRADE	N/A		C	LERIC	AL			C	ROWN	COR	K & .	SFAI
O.	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAI	ME (First, Middle	, Malden	Sumame)		
BE C	ARTHUR BALDWIN						Į į	LILY	MAE DI	UVAL	L		
B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	and Number	or Rural F	Route Number, C	ity or Town	n, State, Zi	p Code)	
2	MYRTLE LOBIG			644	48TH	STR	EET	BA	ALTIMO	RE,	MARY	LAND	21224
	20r. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo		20b. PLACE	OF DISPO	SITION (Na	ne of cer	metery, cren	natory or		20c. LO	CATION -	City or Te	own, State
	4 Donation 5 Other (Specify)	oval from State	QAK""L	AWN (	CEMET	ERY	5-1	29-19	990	BAL	TIMO	RE,	MARYLAND
	21. SIGNATURE OF FUNCEAL SERVICE LIC	ENSEE	27	1			ND ADDRE						
	DI he-h	1/	so L		1	UDA	-RUCI	K Ful	VERAL I	HOME	OF	DUND	ALK, INC.
	23. PART i. Enter the diseesee, pro	complications the	caused the Re	eth Do	79	2.7	WISE	AVE	VUF DU	VDA L	K	MD	21222
	ahock, or heert feliure.	List only one ceu	se on each line	).	iot enter	the mic	de Di dy	ing, euci	ii es cerdiec	Di Teebi	Tatoly et	1001,	interval Between
	iMMEDIATE CAUSE (Finei diseese or condition				^	i							Onset and Death
	resulting in death)	e. My a	100 AC A CONSE	L (	njar	-ch	5						(2Lovs
		1 1	OH AS A CONSE	DUENCE U	*);	1.							121
CERTIFICATION	Sequentially liet conditione,	b. MI.	OR AS A CONSE	DUENCE O	2) ( to	Carl h	~						12 MN/S
AT	If eny, leading to immediate ceuse. Enter UNDERLYING		`		.,								
띮	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	DUENCE O	F):								
E	recuiting in death) LAST	4											
	DART II Ost and a till and an ability												
EDICAL	PART ii. Other eignificant condition	e contributing to	deeth but not i	reculting	in the un	derlyin	g ceuse	given in	Part I. 24s	PERFOR	AUTOPSY	24	AVAILABLE PRIOR TO
ă									10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
M									_				1 - YES 2 - NO
PHYSICIAN:													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 2 Inpatient 2			4 🗆 Nun	ing Hon		asidanca	8 Other (Sp				
표	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIR	JURY	WC	JURY AT DRK?		28d, DEŞCRI	BE HOW I	NJURY O	CCURED	
BY	2 Accident Investigation				М		YES 2	NO					
ED	3 Suicide 8 Could not be	28s. PLACE O building,	F INJURY — At he stc. (Specify)	oma, farm,	atreet, fact	ory, offic	ea .		28f. LOCATIO	N (Street i wn, State)	and Numbe	er or Rural	Route Number,
1 1- 1	4   Nomicide datermined												
COMPLE	296. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occur	red at the t	lma, data	and place	, and dua	to the cause(s	) and mar	nner aa st	sted.	
o o	one) 2 MEDICAL EXAMINE	R: On the beals of a	xamination and/or	Investigati	on, in my c	pinion, d	death occu	red at the	time, date and	pleca, an	d dua to	the cause	a) and manner as stated.
ВС	29b. SIGNATURE AND TITLE OF CENTIFIES	R					29c. LtC	ENSE NUI	WBER		29d. DA	TE SIGNE	D (Month, Day, Year)
00	1) 1500	~									•	5/2	24/90
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type								,	
	DBaser	U Joh	ns Hopl	ans	No	Spi	Jul_	B	altin	roxe	, rui	7	1205
	31. PATE FILED (Month, Day, Year)		AR'S SIGNATURE		-								
	WAY 25 1990 2.1	to Man	80										

1 - STATE REGISTRAR	SIAIE UF M			MENT OF			MENIAL HYGIEN REG. NO.	Ŀ			
1. DECEDENT'S NAME (First, Middle, Last)							2, DATE OF DEATH			3. TIME OF OEATH	
Ca	alvin			Mack	JF	₹.	<b>™5</b> 1122-90	W Y	EAR	8:55AM	М
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24		7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHP Country	LACE (State or Foreig	gn
212-60-3863	1 M 2 F	36	YRS.	MONTHS DAYS	HOURa	MIN.	2-24-54	MD.		MD.	
9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN				9c. COUNTY	OF DE	ATH	
2514 Madison Av	enue			Daici	more C	LLCY					
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Υ		10c, CITY.	TOWN OR LOC	ATION				Т	10d. INSIDE CITY	
MD.			BAI	TIMOR	E. MD	)				LIMITS?	
10e. STREET AND NUMBER		<u> </u>			01. ZIP CODE			10g. CITIZEI		HAT COUNTRY?	
2514 MADISO	N AVE.				21	21	7	U	SA		
11. MARITAL STATUS	12. WAS DECEDENT	FEVER IN U.S. ARI	MED				IIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No- 14	. RACE	- American Indian, White, atc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				S 2 X NO					BLACK	
15. DECEOENT'S EDU (Specify only highest grad				ISUAL OCCUPAT			16b. KIND OF BUS	SINESS/INDUS	TRY		-
Elementary/Secondary (0-12)	College (1-4 or 5+	) Iffo.	Do NOT use	retired.)	_						
10th GRADE		C	ONST	RUCTI(	-					•	
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Melden	Sumame)			
CALVIN MACK		1 40		4 D D D S O O	AN		BILLIPS  Route Number, City or Tow	- Co 7/- C	- el-1		
MELVIN MACK		190					./ BALTI			D. 2121	7
20a. METHOD OF DISPOSITION t X Burlai 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	GOOD		RAPT	IST C			CATION - CH		rn, Stata CITY, S.	_
21, SIGNATURE OF FUNERAL SERVICE L	CENSEE	_   0000	***		AND ADDRESS			IN L H D (	7 11	0111,5.	-
- Gladia	100	(		WM.	C. MA	RCF	i F.H. 11	01 F	. N	ORTH AV	/F
23. PART I. Enter the diseases, or										Approximate	0
ahock, or heert fellure IMMEDIATE CAUSE (Final	. List only one cau	se on each line	h.	. M						Onset and E	
diseese or condition resulting in death)	CONTACT	GUNSHO	WOUN	D OF H	EAD						
, , , , , , , , , , , , , , , , , , , ,		(OR AS A CONSE									
Sequentially list conditions,	b	(OR AS A CONSE	NIENCE OF	١.						_	
If any, leading to immediate cause, Enter UNDERLYING	502 10	(ON AS A CONSE	JOENCE OF	,.							
CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONSE	QUENCE OF	):							
resulting in death) LAST	d										
PART II. Other significant condition	no contribution to	death but not	anultina I	n the condense	lan sausa el	han In	Part I. 24s. WAS AN	ALITOROV	1 245	WERE AUTOPSY FINE	DINOS
PART II. Other significant condition	ina contributing to	death but not	esuiting i	n the underly	ing cause gi	AAII III	PERFO	RMED?	240.	AVAILABLE PRIOR TO	)
							1 XXXX :	2 NO		OF DEATH?	00-
							_   _			TTES 2   NO	,
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF OE	ATH (C)	neck only one)				
EXAMINER?  1 XXES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	ome XX Res	Idence	8 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF 28c. i	NJURY AT WORK?		28d. OESCRIBE HOW	INJURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation	5-22-	90	1143		YES 2 🛛	NO	SUBJECT	WAS SH	TOF		
3 Suicide 8 Could not be	28e. PLACE C	OF INJURY — At he etc. (Specify)	ome, ferm, s	treet, factory, of	fice		281. LOCATION (Street City or Town, State	and Number or	Rural F	SON AVEN	HE
4 Homicide determined	HOME						BALTIMOR	É, MAF	₹ <del>P</del> L	MR. HALL	
Transaction on the	THE STATE OF THE STATE OF						a to the cause(a) and ma time, data and place, a			and manner as star	ted.
											311
290TSIGNATORE AND TITLE OF CERTIFI					29c. LICE		MOEK	≥vd. DATE		(Month, Day, Year) 22-90	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type.	Print)			1	0155		. 2 70	
James Kaplan,MD	ALCO DE CONTRACTOR DE CONTRACT		111	Penn S	Street	,Ba	ltimore,MD	21201	L		VC
MAY 25 1990 4	La Javidson	A SIGNATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

# BALTIMORE, MARYLAND 21203-3146 sifer death. Page 6 may be retained by the hospital or attending physician. If the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

spita	pa		
Pos	tach		106
the	e de		1 01
d by	Q P		9
aine	hou		He
ret	10		5
y be	page		2
E S	tor,		ust
age (	direc		E
50	Tal.		ine
leath	fune		Хап
ter o	the	Mal.	a le
Sa	9	rem	dic
20	Di Di	6	E
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	ation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
J.	pietel	remi	al,
ed v	mo:	al, c	2
ecut	pun	PAU	affe
8	an a	f to	E
ate b	ysici	Di-	T
tiffe	d b	ene	the state of
leo L	ngin	Ę	0 0
Jeath	atte	ща	5
the	the	×	킅
hat	d by	an	my
res	igne	ealth	50
equi	en s	Of H	how
J WE	Pe Pe	H	3 8
5	has	e De	m 2
H.	heate	Stat	5
ICIA	certii	the the	. 0
HYS	his	With	ked
46 P	ter t	ath	шаг
QN	R. A	ir de	69
TE	6	afte	28
DR /	JIRE	OURS	E e
R	AL C	72 h	=
Spil	NER	hin	H
E HO	FE	1 wit	RTA
F	H	filec	0
2	2	2	₹

	FOR STATE REGISTRAR		STATE OF !			RTMENT (				MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First,		lliam				lar			2. D	onth 5-21-9	ሽ	YEAR	3. TIME OF DEATH 12:40PM M	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.		IF UNDER 1 Y		IF UNDER	24 HRS.	_	ATE OF BIRTH		8. BIRTI	1PLACE (State or Foreign	
	163-36-0411		1 M 2 F	44	YRS.	MONTHS D	AYS	HOURE	MIN.	1	Wonth, Day, Year)		Count		
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	1 44		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
ا <u>ج</u> ا	I-83/ 1/2	mi. N	. Mt. Car	rmel Ex	it	t B						Bal	timo	re County	
5	RESIDENCE OF DEC					The same and the s									
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c, CI1	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
1 1	N.J.					Pennsauken							1 YES 2 NO		
RAI	100. STREET AND NUMBER 419 N. 42nd	C+200	.+		- 1		101.		E 0811(	1		10g. CI1	US/	WHAT COUNTRY?	
FUNERAL	11, MARITAL STATUS	20166	12. WAS DECEDER	AT EVER IN II C	ABHED	40. 40	DE0				NOINO (0	Ma-		<u> </u>	
립	1 Never Married 2 📉	Married	FORCES?	1 X YES 2	2 NO It yes, specify Cuban, Maxican, Puarto Rican, etc.)						or No-		E — American Indian, k, White, etc.		
B	3 Widowed 4 Divo	rced	IF YES, GIVE	WAR OR DATES		1	YES	2 [] NO	Specif	y:			Specify: Black		
0		EDENT'S EDU		16a.	DECEDENT'S	USUAL OCCI	IPATIO	N		T	16b, KIND OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)	life. Do NOT u	,	-		ng						
P.	-1					Truck	Dri	ver							
COMPLETED	17. FATHER'S NAME (First, M										irst, Middle, Maiden	Surnama)			
ш	William Mil										landue]]				
19a. INFORMANT'S NAME (Type/Print)  Westcott F/H  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2  1701-03 W. Hunting Park Ave.										17140					
203. METHOD OF DISPOSITION  1 & Burlel 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)  206. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  Shelton Hill Cemetery   Philadelphic										20.61000					
	1 Von	1/	Mar	1	_	-					MARCH 4300	•			
	23. PART I Eafer the d	ses, or	complications th	et ceueed the	death. Do	not enter th	e mo	de of dy	ing, suc	h as				Approximete	
1 1											Interval Between Onset and Deeth				
	disease of condition resulting in seath)	<b>→</b>	Arte	erioscl	erotio	c card	iov	rascu	ılar	di	.sease				
	resoluting (II) beauti)	,	DUE TO	OR AS A CON	ISEQUENCE (	DF):									
z	0		b												
빝	Sequentially list condit if any, leeding to imme	diate	OUE TO	O (OR AS A CON	ISEOUENCE (	OF):									
[ 호	CAUSE. Enter UNDERLY CAUSE (Disease or Inju		c			_									
<u> </u>	that initieted events resulting in deeth) LAS	т	00E 10	O (OR AS A CON	ISECUENCE (	JF):								i	
CERTIFICATION		-	d												
4	PART II. Other significa	ent conditio	ne contributing to	o deeth but n	ot resulting	In the unde	rlylng	ceuse	given in	Part	J. 24a, WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
100	İ										1XXYES 2			COMPLETION DF CAUSE OF DEATH?	
MEDIC.														XX YES 2 NO	
N S	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			1	26. PL	ACE OF D	DEATH (C	heck o	nly one)				
Sic	yES 2 □ NO		1   Inpetient 2	☐ ER/Outpation	t 3 🗆 DOA	OTHER:	g Hom	6 5 🗆 R	asidence	KX	Other (Specify)	Scer	ne		
PHYSICIAN:	27. MANNER OF DEATH	2010	26a. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF 2		URY AT		28d	. OESCRIBE HOW	INJURY O	CCUREO		
ВУ	2 Accident	Pending Investigation				М	1 🗆 1	YES 2 [	] NO	L					
1 1		Could not be	28e. PLACE building	OF INJURY — A j, atc. (Specify)	t home, farm,	street, factor	, offic	•		281.	LOCATION (Street City or Town, State		er or Rural	Route Number,	
COMPLETED	4 Homicide	datarmined													
1	CONDUCTION -	TIFYING PHYS	ICIAN: To the best of	of my knowledge	, death occur	rred at the tim	e, data	and place	e, and du	a to th	e cause(a) and ma	nner as at	tated.		
S S	one) / MED	ICAL EXAMIN	ER: On the besis of	examination and	i/or investigat	lon, in my opi	nion, d	leath occu	ired at the	time,	, data and place, as	nd dua to	the cause	(a) and menner as stated.	
BE C	29b, SUMPLITURE 7010-1214	OF CENTIFIE	R					29c, LIC	ENSE NU	MBER		29d. D/		O (Month, Day, Year)	
		-7	~						OCMI	3		•	5-2	22-90	
임	30. NAME AND ADDRESS O		HO COMPLETED CA	USE OF DEATH											
1 1	James Kapl	an.MD			111	Penn	St	reet	· Bai	lt:i	more, MD	2120	71	VC	

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

1990

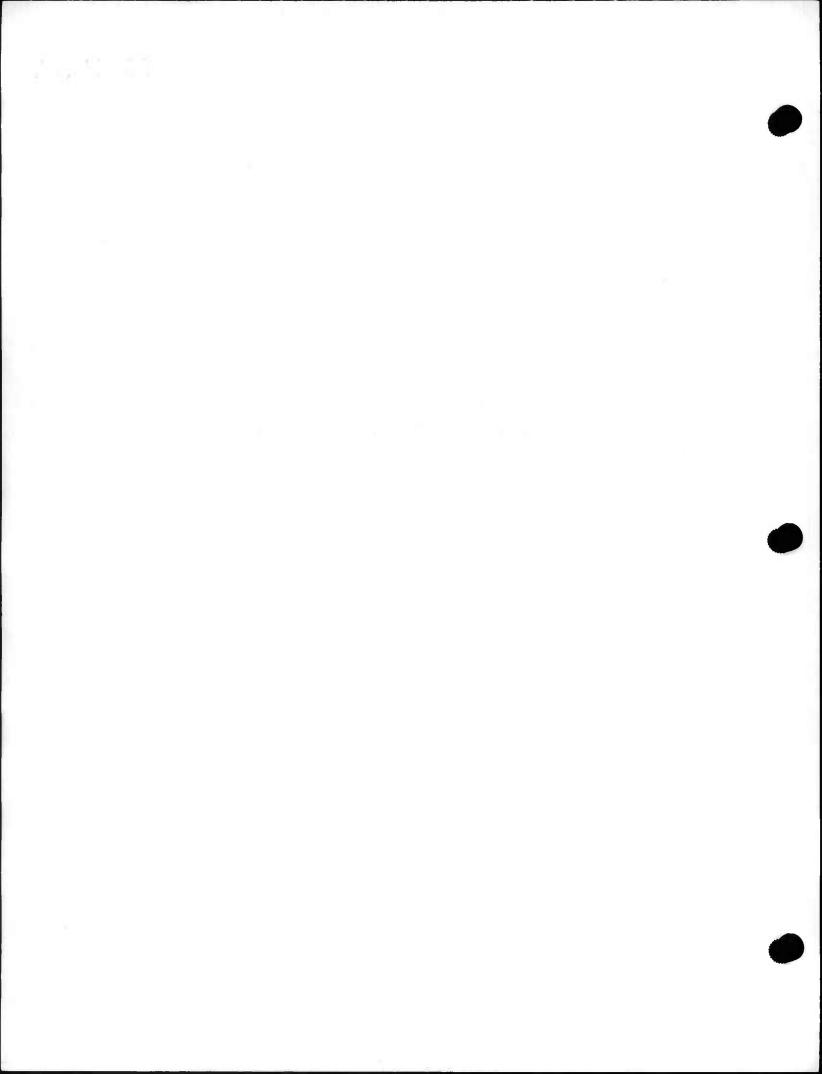
James Kaplan, MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he flew within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law in	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Debt.	IMPORTANT: If Item 28 is marked, or Item 23 s	

	FOR	STATE OF MARYLAND /	DEDARTME	NT OF HEALTH AND	MENTAL HYCIEN	5	30 14184				
	1 - STATE REGISTRAR			TE OF DEATH	REG. NO	_					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH				
	Ezra	Mc	Clurkir	ı, Jr.	5-22-90	AY YE	7:20PM M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  B DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)  5" - 3 & - 3		BIRTNPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give str	reet and number)	9b. C	ITY, TOWN OR LOCATION OF D		9c. COUNTY					
9	2626 Grogan Aver	nue		Baltimore Cit	ty						
<u></u> [	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY		10¢, CITY, TOW	N OR LOCATION			10d. INSIDE CITY				
DIRECTOR	med -	-	BX	7/10.			LIMITS?				
	10e. STREET AND NUMBER	.1		101, ZIP CODE	•	10g. CITIZEN	OF WHAT COUNTRY?				
ER/	2626(-ROGA	in Hue		212/3	3	21	is.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, atc.)  1  YES 2  Specify:  Specify:  Specify:								
	IS, DECEDENT'S EDUC	ATTON 160 DE	CEDENT'S USUA	OCCUPATION	16b. KIND OF BU	I /	VEGED				
	(Specify get) highlest grade a Elementary/Secondary (0-12)	completed) (G	live kind of work do Do NOT use retire	one during most of working	Tob. KIND OF BO	3114233/1140031	ni »				
COMPLETED	Cameron y saccondary (s-12)	le	mes lu	red - Retio	tel						
0	17. FATHER'S NAME (First, Middle, Last)		1	16. MOTNER'S N	AME (First, Middle, Maiden	Surname)					
BE	ERCE MCC	LRKIN		Ite/	on To	rbit					
10	19a. INFORMANT'S NAME (Type/Print)	ier Via	b. MAILING ADDR	MESS (Street and Number or Rural	Route Number, Elty or Tow	m, State, Zip Coo	no. mel				
	2ta. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remo	oval from State 20b. PLACE		(Name of cemetery, cremetory or	20c. LO	CATION - City	or Town, Stata				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	163.5	22. NAME AND ADDRESS OF F	ACILITY	.000					
	Dott E	100001 14	4	1100 11	Part	-	Gi				
-	23. PART i. Enter the diseases, or c	omplications that caused the de	eath. Do not er	nter the mode of dving, sur	ch as cardiac or reap	iratory arrest	Approximate '				
	shock, or heert feliure. List only one ceuse on each line.  Interval Between Onset and Dasth										
	disease or condition	Hypertensive arteriosclerotic cardiovascular dispass									
	s. Type Technology and Conscious Caracter Caract										
ATION	Sequenticity list conditions, if any, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):								
-	DART II OAL I III A III		44 1 4								
PHYSICIAN: MEDICAL	PART II. Other aignificant condition Chronic obstruc	tive pulmonary			PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
ğ		I			1 TYES		OF DEATH?				
Σ					INQUI	.RY	1   YES -2-1- NO				
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)						
SIC	EXAMINER?  XXIX YES 2 \( \cap \) NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTI	HER: Nursing Home XX Residence							
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCUR	RED				
ВУР	Natural 5 Pending 2 Accident Investigation	(MOIRII, Day, Ibali)		M 1 YES 2 NO							
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	261. LOCATION (Street City or Town, State		Rural Route Number,						
F	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated.  Check only  LEXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(a) and menner as stated.										
OMI		R: On the basis of examination end/or	investigation, in	my opinion, death occured at th	e time, date end place, a	nd due to the c	ause(s) and manner as stated.				
E COMPLETED			investigation, in	my opinion, death occured at th		29d. DATE S	ause(a) and menner as stated.  IGNED (Month, Day, Year)  -23-1990				

111 Penn Street, Baltimore, MD 21201

VC



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

RYI	FOR STATE A REGISTRAR	STATE OF M	IARYLAND / D		The second second	EALTH AND DEATH		IYGIENI REG. NO.		10	17/82	
39	T. DECEDENT'S NAME (First, Milodie, Last)	MYRA	FEDNAS.	му	ER	SEASTC	2. DATE OF	-	229	AR - 31-7	3 20 A M	
	4. SOCIAL SECURITY NUMBER / 62 ( 153-22-1385	5. SEX 1 1 M 2 KMF	6. AGE (In yrs. lest b		DAYS	HOURS MIN.	7. DATE OF (Month, D. 1/30	97. Year) 0/28		Country)	E (State or Foreign EW JERSEY	
0 R	9a. FACILITY NAME (If not institution, give SINAI HOSPITAL	atreet and number)	J-18	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					9c. COUNTY	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  MARYLAND  100. COUNT	Υ		10c. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS?		
FUNERAL	5910 EASTCLIFF I	DR.		10f. ZIP CODE 21209					10g. CITIZEN	OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		FEVER IN U.S. ARME  ☐ YES XXINO  AR OR DATES	XXINO If yes, specify Cuben, Mexican, Puer					or No 14.	RACE — A Black, Wh Specify:	American Indien, ite, etc. WHITE	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give	DENT'S USUAL kind of work do to NOT use retired	OCCUPATION OF COLUMN STATES	st of working		AT HO	ME	TRY		
ш	17. FATHER'S NAME (First, Middle, Lest) DAVID EPSTEIN				- 10	18. MOTHER'S NA	ARY COL		Surneme)			
TO B	19a. INFORMANT'S NAME (Type/Print)  MISS SARAH MYERS	5	6	232 GR	EENME	ADOW PAR					,MD 21209	
	20a. METHOD OF DISPOSITION  1		other place	MORE	HEBRE	metery, cremetory or	····		CATION — CHY			
	> Lay Leu	ia			SC	L LEVINS	SON & I				21215	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that List only one cau	se on each line.			de of dying, such			retory arrest		Approximata Interval Between Onset and Deeth	
	resulting in death)	a. DUE TO	(OR AS A CONSEQU		sar	1100	ine					
ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	b. DUE TO	100 AS A CONSEQU	PENCE OF):	1					<u></u>		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQU	ENCE OF):			_					
MEDICAL C	PART II. Other significant condition	ons contributing to	death but not res	sulting in the	underlyln	g cause given in	1 Part i. 24	a. WAS AN PERFOR	MED?	A/A COR OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO WPLETION OF CAUSE DEATH?	
	25. WAS CASE REFERRED TO MEDICAL				28 DI	LACE OF DEATH (C	heck only one!			1	YES 2 NO	
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA 4 1	ER:	ne 5 🗆 Residence		(pecify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		ay, Year)	28b, TIME OF INJURY	1 🗆 '	DRY AT DRK? YES 2 ND			NJURY OCCUP			
: G	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At hometc. (Specify)	e, farm, street,	factory, offic		City or	DN (Street a lown, State)	and Number or	Rural Route	Number,	
COMPLET	CONSTRUCTION OF THE STATE OF TH	SICIAN: To the best of IER: On the besis of e									d menner ee stated.	
O BE	296. SIGNATURE AND THE OF CERTIFIC	- M.	By B	3.5.		29c. LICENSE NU	IMBER		29d. DATE S	IGNED (No.	- 2/90	

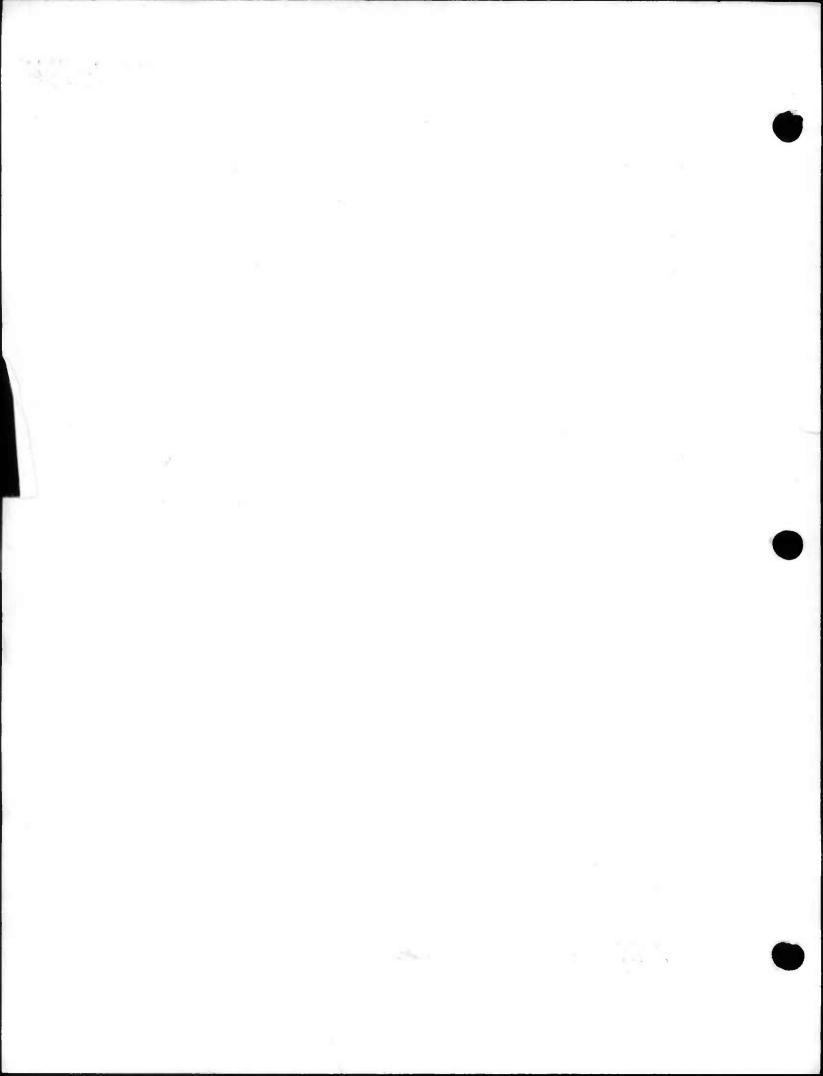
ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL OF BALTIMORE SINA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Lulia Davidon A

VINCENT K.K.

VINCENT K.

DHMH-16 Rev 1/89



6, BALLIMOHE, MARTLAND ZIZUS-3146	within 24 nouns after death, Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should eitled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.		
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF OEATH
ZENA MAGID		RENA MAGI	D		MONTH 5	2 I	YEAR 90	1030P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday) N	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIS	RTH		IPLACE (State or Foreign
212-03-5523	1 - M 2 5 KF 8	200	SYAC SHTMC	HOURS MIN.	(Month, Day, 7-25		Count	USSI A
9a. FACILITY NAME (If not institution, give s  LEVINDALE HEB 9				TI MORE		9c. CO	UNTY OF D	EATH
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNT	Υ	. 107	OWN OR LOCA					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e, STREET AND NUMBER			Himari	, ZIP CODE		10e. C	TIZEN OF Y	WHAT COUNTRY?
2434 W. Schoole	PIMLICO RD.			21215				JSA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES	S XXNO	If yes, sp	CENDENT OF HISPAN hecity Cuban, Mexica NO Specifi	n, Puerlo Rican,	ecify Yes or Mn- etc.)	Blac	E — American Indian, k, White, atc. thy: WHITE
15. DECEDENT'S EDU		16a. OECEDENT'S US	UAL OCCUPATI	ON	16b, KIND	OF BUSINESS/II	NDUSTRY	
(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word life. Do NOT use in HOUSE		ost or working	7	m HOME		
17. FATHER'S NAME (First, Middle, Lest)		110051	MATE E	18. MOTHER'S NA		T HOME		
UNKNOWN	KOLODNY			IS. MOTHER'S NA	UNKN			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street	and Number or Rural	Route Number, Cit	y or Town, State, a	Zip Code)	
MRS. GERTRUD	E MAGID	8103 8	STONE H	AVEN DR.	GLEN	BURNIE,	MD	21061
20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPOSIT	ION (Name of ce	metery, crematory or		20c. LOCATION -	— City or To	own, State
1 X Xuriet 2 Cremetion 3 Rem 4 Donation 5 Dother (Specify)	lovet from State	MIKRO KO	DESH-B	ETH ISRA	EL	BALTIM	IORE,	MD
21. SIGNATURE OF FUNERAL BERVICE LI	CENSEE .			ND ADDRESS OF FA		- TNC		
Ley (Man,	7 lung	,		REISTER				MD 21215
23. PART . Enfer the disease, dr shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. ASCVD		enter the mo	ode of dying, auc	n es cerdiac c	or respiratory (	erreet,	Approximate interval Between Onset and Death
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с	B A CONSEQUENCE OF):						
resulting in death) LAST	d							
PART II. Other significent condition	ns contributing to death	_	the underlylr	ng ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		26 B	LACE OF DEATH (C)	neck only one)			
EXAMINER?	HOSPITAL:	utnetlant 2 7 DOA	THER:			nMrd.		
27. MANNER OF OEATH	2Sa. DATE OF INJUR			ne 5 🗆 Raeldance		E HOW INJURY (	CCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	) INJUR	RY W	ORK? YES 2 NO				
3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, stropecify)	et, factory, offi	CA	28f. LOCATION City or Tow	(Street and Numern, State)	ber or Rural	Route Number,
anal	GICIAN: To the best of my kn							a) and menner as stated.
296. SIGNATURE AND, TITLE OF CERTIFIE	5. Gallo	M		29c. LICENSE NU	MBER	29d. D		0 (Month, Day, Year) 22-90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, P	rint)	·•				
21 DATE EN EQ (Mean) Day Wash	20 0500701000	outetre e en						
31. DATE FILEO (Month, Dey, Year) APR 25 1990	Julia Davidson	Mahane						

Pages 1, 2, 3 should

permit. I

use as the burial-transit

once.

智

funeral director, page 5 should notified 2 pe Page 6 may must examiner ours after death. that the death certificate be executed which the first by the attending physician and completely filled in by the first and Mental Hygiene prior to burial, cremation, or removal. medical the event, traumatic other 6 signed by the any has been se Dept. of H 23 PHYSICIAN: The certificate the the State 6 this c is marked, After OR ATTENDING DIRECTOR: / 28 Item TO THE HOSPITAL (
TO THE FUNERAL C
DE filed within 72 h
IMPORTANT: If II

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S

Honoren

P. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH Sarah Ann McNicol 1. DECEDENT'S NAME (First, Middle, Last) 2, DATE OF DEATH MONTH 3. TIME OF DEATH YEAR CNICO Sara 22 1:40 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 409-50-0397 MONTHS DAYS HOURS MIN. 10-12-1904 1 M 2 X F 85 Tennessee 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore City RESIDENCE OF DECEDENT JOa. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1318 Pontiac Avenue 21225 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— if yes, specify Cuban, Maxican, Puario Rican, alc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: В 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Housewife Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Betty William Moore Howell Peterson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 2 50 St. Severna Park, Maryland 21146 Margaret McLean Andrews Road 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremallon 3 ☐ Ramoval from State 20c. LOCATION - City or Town, State Johnson City, Tennesses 4 Donation 5 Other (Specify) Roselawn Memory Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. Muga romerousay 4001 Ritchie Hwy. Baltimore. 23. PART I. Enter the diseases, flications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart fallura that only one cause on each line. Interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) Kespiratory DUE TO, (OR AS A CONSEQUENCE OF): Miocardial Infantion erion CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Dissociation CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO I | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26c. INJURY AT WORK? 26a. DATE OF INJURY 26d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 W Naturel 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chark and ) (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Kinson BE 90 221

Baltinone

Andre se se-

1.0

9 = E

. . .

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

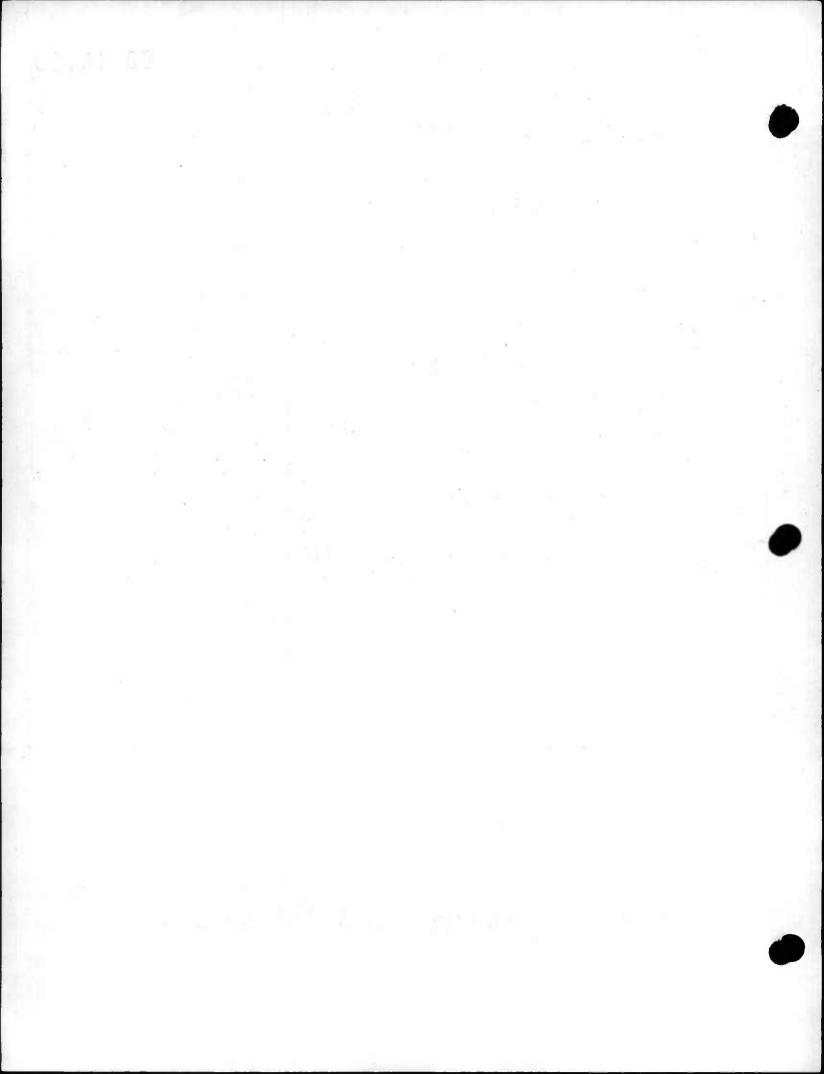
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF GEATN			3. TIME OF OEATN
FLOREF M	outrone	LV			MONTH S	DAY	PYEAR P	0818 "
	SEX 6. AGE	(In yes, lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	LA		PLACE (State or Foreign
10	M 2 TF	35 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 28.	1904	Countr	th Carolina
9a. FACILITY NAME (If not institution, give street a			b. CITY, TOWN O	R LOCATION OF DE			INTY OF D	
Tiborty Modical Cor	2+24		Do1+im					
Liberty Medical Cer	iter		Baltimo	ore				
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
Maryland		Ba1	timore					1 XXES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF V	VHAT COUNTRY?
2427 McCulloh Stree	et			21217		U.	SSA.	
11. MARITAL STATUS 12.	WAS DECEDENT EVER I		13. WAS OEC	ENGENT OF NISPAN	HIC ORIGIN? (Specify		14. RACE	- American Indian,
	FORCES? 1 YES			2 NO Specifi	n, Puerto Rican, etc.) v:		Speci	t, White, etc.
741								Black
15. DECEDENT'S EDUCATIO (Specify only highest grade comp		18a. OECEDENT'S US (Give kind of wor	SUAL OCCUPATION  Red done during mover timed.)	ON st of working	16b. KINO OF E	BUSINESS/IN	OUSTRY	
Elementary/Secondary (0-12) Co	oliege (1-4 or 5+)		*					
		Homemake	er					
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meld	en Sumame)		
Edward Grave					Pettis			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1			1 01000
Rozald Franklin					Baltimor			
20a METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal	from State	<ul> <li>PLACE OF DISPOSIT other place)</li> </ul>				LOCATION -		
4 Donation 5 Other (Specify)		Maryland N	Nationa.	l Memori	al Park	Laure	1, Ma	aryland
21. SIGNATURE OF FUNERAL SERVICE LICENS	EEE .	4	22, NAME AN 2501	GWVDDS	Fall Nutte	r Fun	eral	Homes, Inc.
> Lusberg 2	hut	10)		-		21216		
23. PART I. Enter the diseases, or comp							rrest,	Approximata
ahock, or heart failure. List	only one cause on	ach line.		1 /				Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Coldi	Dulware	1./	ALLOST				
resulting in death) a	QUE TO (OR AS		FY, 1	CHEST	_			
	H.100 1/	P.N.O	Charle	-				
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):	3.00	`	1			
If any, leading to immediata cause. Enter UNDERLYING	Phoho	hle lea	lodin	RAL	10			
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	JAC MAL	- I-JU Y				
resulting in death) LAST								
DATE VIOLENTIAL CONTRACTOR OF THE CONTRACTOR OF								1
PART II. Other significant conditions co	ontributing to death	out not reaulting in	the undariyin	g cause given in		AN AUTOPSY ORMED?	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES	2   NO		COMPLETION OF CAUSE OF DEATH?
					_			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (C)	eck only one)			
	Inpatient 2 ER/Out		OTHER:        Nursing Norr	e 5 🗆 Residence	8 🗆 Other (Specify)			
27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ	URY AT	28d. DEŞCRIBE NO	W INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
3 Suicide 6 Could not be	26s. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, str	wet, factory, offic	a	261. LOCATION (Stra City or Town, Str	et and Numb	er or Rurel	Route Number,
4 Nomicide determined					Only or lown, but	110)		
29a. CERTIFIER CERTIFYING PHYSICIAN	N: To the best of my kno	viedge, death occurred	at the time, data	and place, and due	to the causalst and	manner as et	ated.	
(Check only one) MIDIOAL EXAMINER: O								s) and manner as stated.
296. MONAPHINE AND TITLE OF CAMPIFICA	4							
Sines V &	Do K.			29c, LICENSE NU	110		-	(Month, Day, Year)
THE ACT	FILL OF HI	,		1111	$\propto 10.7$		0 0	2-90
30. NAME AND ADDRESS OF PERSON WHO C	ONDI ETEO CHICE OF O	EATN STEM OF CERT	Infant) I					
SE HAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF O	EATN (ITEM 27) (Type, P	Print)	Mal	'no (	1		
ST. DATE FILED ORDINGS. DEV. Visiri	OMPLETEO CAUSE OF O	Mp.L	i bery	Medi	ical C	erte	1	



### BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		0 14103		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH		
	EDWARD C. MORA	AN			1	MONTH DAY	YEAR	330A "		
			'In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign		
		1 0 M 2 D F	YRS.	NTHS DAYS		(Month, Day, Year) SEPT, 7, 19		RYLAND		
OB	BO. FACILITY NAME (If not institution, give stre University of Ma	ry and H	ospital	BAH	MDYE,	M	Balt	MORC		
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		10c. CITY, T	OWN OR LOCATI	ON ON			10d. INSIDE CITY LIMITS?		
	MARYLAND 100. STREET AND NUMBER	IMOVE_		Del / / 101.	MOVE_		10g. CITIZEN OF	1 NES 2 NO		
FUNERAL	4340 NICHOLAS A				212	21206 USA				
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAS OR D. WW I	2 NO	If yes, spe		IC ORIGIN? (Specify Year n, Puerto Ricen, atc.)	or No— 14. RAC Blac Spec	E — American Indian, k, White, etc. #y: WHITE		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retiline)  17. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retiline)										
COMPLETED	Elementery/Secondary (0-12) N A	College (1-4 or 5+) NA		LWORKI		U.S.	POST	OFFICE		
ġ l	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden S	,			
H	EDWARD MORAN  19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		IAN (UNKN				
ᄋ	MARY V. MORAN	- WIF	E 4340	NICHOI	AS AVE	., BALTO.	, MD.	21206		
	20s. METHOD OF DISPOSITION  [X] Burial 2 Cremation 3 Remort  4 Donation 5 Other (Specify)	val from State	other place) GARDENS	ON (Name of cent			ATION — City or TO LTIMOR			
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME AN	D ADDRESS OF FAC	CILITY				
	1h 7	Elli				UNERAL HO				
	23. PAHT I. Enter the disease, or co shock, or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition			1		·	etory arrest,	Approximate interval Between Onset and Death		
	resulting in death) e	or condition  or Ventricular arr Nythmias  Due to (or as a consequence of):								
0   0	Sequentially liet conditions, if any, laeding to immediate	1	DUE TO (OR AS A CONSEQUENCE OF):							
<u>8</u>	CAUSE (Disease or Injury	Cerebra	CONSEQUENCE OF:	ula	er a	ccide	ett			
CERTIFICATION	thet initiated events resulting in death) LAST	Coronar	y aite	14 -	atheros	sclerost	5			
AL C	PART II. Other significent conditions							b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
	3/P percutaneous	endoscopic	. gastros	ome S	IP cora	Mary 1 - YES 2	1911	COMPLETION OF CAUSE OF DEATH?		
MEDIC	antery bypass	graft, a	Spirat	ich	Oncun	10 miles		1 YES 2 NO		
z		l I	/		1					
PHYSICIAN:	25. WAS CASE REFERRED 70 MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	ack only one)				
Z	1 TYES 2 TO NO	1 Inpetient 2 ER/Out	patient 3 A 4	☐ Nursing Hom		8 Other (Specify)				
	27. MANNER OF DEATH  t Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	TIME C INJUR	Y WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURED			
a∣	2 Accident Investigation	26- BLACE OF IN HIR	f — At he no, turm, stre	M 1 1		281, LOCATION (Street a	ad Alumbas as Guard	Courte Number		
	3 Suicide 8 Could not be determined	building, etc. (Spe	cify)	et, rectory, orne		City or Town, State)	to Number of Fruits	rious,		
COMPLETED	ana)	CIAN: To lhe bast of my know						a) and manner ea stated.		
	296 SIGNATURE AND TITLE OF CERTIFIER	~ /			29c. LICENSE NUM	19ER	29d. DATE SIGNE	D (Month, Dgy, Year)		
TO BE	TUMBER EAN	niston	m	)	AV41764	135	▶ 5/2	2/90		
	TO NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	LATH (ITEM 27) (Type, Pr	(oree	ne 5	+ Bal	timove.	MD		
	MANY FLEOMED TO HOO!	32. REGISTRAR'S SIGN	NATURE							

### BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME O	OF DEATH	
	τ ISABELLE	MORGAN					20	90	6	10PM M	
	4. SOCIAL SECURITY NUMBER 5. S		rs. last birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (Sta	ate or Foreign	
	370 24-1310	□ M 2 🔀 F 73	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05 03	17	Count		SC	
" l	9a. FACILITY NAME (If not institution, give street a				OR LOCATION OF DE						
DIRECTOR	PRINCE GEORGES	HOSPITAL CEN		CHEVERLY				PRINCE GEORGES			
2	10a. STATE 10b. COUNTY			OWN OR LOCA				10d. INSIDE CITY LIMITS?			
	Md PG	ŕ	Capitol Heights						1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5725 Eagle St			10				OF WHAT COUNTRY?			
	1 Never Married 2 Married	WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	NO					E — Americ k, White, et Black			
В	3 ₹ Wildowed 4 □ Divorced								31ack		
ᇤ	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		(Give kind of wor life. Do NOT use r	WAL OCCUPATE	ON ost of working	18b. KIND OF E	SUSINESS/IN	IDUSTRY			
91	Elementary/Secondary (0-12) Co										
W	9th Grade None British Embassy Worker										
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)										
BE								Ar	nnie	Hall	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street	and Number or Rural F	Route Number, City or	.wr .state, Z	lip Code)			
-	Geraldine Barfield					,c,d,e,&					
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremetion 3 □ Removal	from State 20b. Pt	LACE OF DISPOSIT	ION (Name of co	metery, crematory or	20c.	LOCATION -				
	other place)    Surfal 2   Cremetton 3   Ramoval from State   Other place)   Other place)   Harmony Memorial Park   Landover, Md    Signature of Foureral Service Licensee   12. Name and Address of Facility   Company										
	21, SIGNATURE OF FUNERAL SERVICE LICENS		/	X07.	ne !	Thenes	46	~			
	Man	met	/	3	015-12	ch 34.	. H.	2			
	23. PART I. Enter the diseases, or composition of the composition of the composition of the condition resulting in death)	FUMGUS	Se.			n as cardiac or re	spiratory s		Inte	proximate erval Between set and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
	PART II. Other significant conditions co	entributing to deeth but	not resulting in	the underlyi	ng ceuse given in		AN AUTOPS	Y 241		TOPSY FINDINGS	
EDICAL	BILATERAL E	EREBRAL	INA	ARTIC	M		ORMEO?			E PRIOR TO TON DF CAUSE	
	ATRIAL FIB	RIGLATIE	M							2 2 NO	
Σ	SMALL BOLDS		PRCTIDI	V		_					
Ž	25. WAS CASE REFERRED TO MEDICAL			28. 1	LACE OF DEATH (Ch	eck only one)					
Sic		OSPITAL: Xinpetient 2 - ER/Outpetie		THER:	me 5 🗆 Rasidenca	s Other (Specify)					
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HO	W INJURY O	CCURED			
	1 Natural 5 Pending	(Month, Day, Year)	IUCHI		YES 2 NO						
В В	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY -	At home, farm, str	set, factory, off	ca	28f. LOCATION (Stre		per or Rural	Route Numb	ber,	
COMPLETED	4 Homicide determined	building, atc. (Specify)				City or Town, St.	ero)				
Ë	298. CERTIFIER DERTIFYING PHYSICIAN	i: To the best of my knowled	na deeth occurred	et the time day	a and place, and due	to the cause(s) and	nenner se si	teted			
M	(Check only one) 2 MEDICAL EXAMINER: O								(s) and man	ner as stated.	
	29b. SIONATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI				D (Month, D		
H	250. SIGNATURE AND THEE OF CERTIFIER	-P 1.0	10801	INE	29C. LICENSE NO	54	290. D/	IN E	/ D 7	160	
2	30 NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF GEAT		(DYE	ما در در	$\sim T$		05/	ad/	70	
	1140 VARHUM S	I ME	SUITE		WASHILL	4 TON	D.C	. 2	0011	7	
	31. DAT MAY (Month, Day, Year) 4	32. REGISTRAR'S SIGNAT	URE SE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY REGISTRAR			OF DEAT		IENTAL HYGIEI		
ì	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF OEATH		3. TIME OF DEATH
,	TYRONE NE	LSON				MONTH 2		AR /) 12/18 M
		E (In yrs. lest birthday)	# UNDER 1 Y	EAR_ IF UNDER	24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
į	212-48-3167 1♀M2□F	42 <b>YRS</b> .		AVS HOURS	MIN.	1/12/48		Maryland
۳ ا	90. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital		9b. CITY, TO	own on Location Balti	9c. COUNTY	OF DEATH		
5	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR B	LOCATION altimor	е			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE 212			10g. CITIZEN	OF WHAT COUNTRY?
	5707 Chinquapin Parkway							
à	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE FYES, GIVE WAR OR	S 2 NO	If y		n, Mexicen	C ORIGIN? (Specify You, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: Black
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCC	JPATION		16b, KIND OF B	USINESS/INDUST	
H	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT u	se retired.)	ing most of workin				
립		Re	spira	tory Th	ın Hopki	ins Hospital		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	•		18. MOTH	ER'S NAM	NE (First, Middle, Meide	n Sumeme)	
	Sylvester Nelson					zabeth Sm		
8	19e. INFORMANT'S NAME (Type/Print)	19b. MAIL INC	ADDRESS (S	itreet end Number		oute Number, City or To		ia)
2	Mrs. mamie Evans					Balto.,		
	20a. METHOD OF DISPOSITION 2 1 □⟨Burlel 2 □ Creme)fon/3 □ Removal from State	other place)					OCATION — City	
	4 Donation 5 Dones (Specify)	KING	_	RIAL PA			IDALLST(	DWN, MD
	21. SIGNATURE OF FUNENAL SERVICE LICENSEE		22. NA	ME AND ADDRES	SS OF FAC	MARCH	F/HWES	ST
	Van /1 / /and		man i				WABASH	
	23. PART I. Enter the diseases, or complications that cause on immediate CAUSE (Final disease of condition resulting in death)  DUE TO (OR AS	and the deeth. Do and line.	À P:	is mode of dyl		as cardiac or rea	piratory srrest	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			LIFETIME				
Ä	PART il. Other algnificant conditions contributing to death	but not resulting	in tha unda	riying cause	given in i		IN AUTOPSY	24b, WERE AUTOPSY FINDINGS
							ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 YES	2 UNO	OF DEATH?
Σ						_		1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	EATH (Cha	ort anti-anni		
ᅙᅵ	EXAMINER? HOSPITAL:		OTHER:					
<u>≥</u>	1 ☐ YES 2 ☐ MÓ 11 ☐ Migatient 2 ☐ ER/O 27. MANNER OF DEATH 286. DATH OF INJUR				esidence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Y 28b. Till	JURY M	Bc. INJURY AT WORK? 1 YES 2	] NO	28d. DESCRIBE HOW	Y INJURY OCCUR	ED
	2 Accionit	RY — At home, farm, pecify)	street, factor	y, office		26f. LOCATION (Street City or Town, Ste		Rural Route Number,
	29e. CERTIFIER							
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examina							suse(e) end menner ee stated.
BEC	29b. SIONATURE AND TITLE OF CERTIFIER	Car m	n	29c. LIC	ENSE NUM	IBER	29d. DATE SI	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH TEM 27) (Typ	e, Print)	1 1	10	010	1, 3	12-
	9E CHASE ST	B.	ACT	212	02			
	31. DATE FILED (Month, Day, Year)  MAY 2 5 1990 Sure Javidson	GNATURE						
		•		··				DHMH-16 Rev 1/89

THOO BE OF	MOLECULAR CONTRACTOR OF THE CO
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burkal, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos

	1 - STATE OF MAI	RYLAND / DEPAR Certifi		HEALTH AND F DEATH	MENTA	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) William	Henry Owe			2. DATE MONT	OF DEATH	5-23-	90 3. TIME OF DEATH 12:5			
		AGE (In use last hirthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	5 7 DATE	OF BIRTH		BIRTHPLACE (Stelle or Foreign			
	21,5-05-6255 184201	AGE (In yrs. lest birthdey)	MONTHS DAYS		04-	30-191	12	Country) Maryland			
	Sa. FACILITY NAME (If not institution, give street and numb	=	9b. CITY, TOWI	N OR LOCATION OF				Y OF DEATH			
5	Howard County General		Col	umbia	4		ward				
DIRECTOR	10e. STATE 10b. COUNTY	10c. 6177	TOWN OR LO	CATION			10d. INSIDE CITY				
	Maryland Howard	ĹE.	_	tt City				1 TYES 2 X NO			
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE	1			N OF WHAT COUNTRY?			
NE	4714 Knapp Court  11. MARITAL STATUS  12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS D	2104 ECENDENT OF HISP	_	1? (Specify Yea	US or No.— 14	I. RACE — American Indian.			
ВХ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECECENT FORCES? 1 X	OR DATES	If yes,	specify Cuban, Mexi ES 2 X NO Spec	can, Puerto			Specify: White			
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S (Give kind of v	USUAL OCCUPA	TION most of working	16b	. KIND OF BUS	NESS/INDUS	BTRY			
BE COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life Do NOT use retired )									
	17. FATHER'S NAME (First, Middle, Last)	Custon	ier se	16. MOTHER'S P	-			00.			
	William A. Owens	Selm	a Ev	ersme	ier						
10 8	19e. INFORMANT'S NAME (Type/Print)	et end Number or Rure									
-	Robert L. Kitzmiller		ity, MD 21043								
	20g METHOO OF DISPOSITION 1 IA Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	206. PLACE OF DISPOS Meadowr					Elkridge, MD				
	21. SIGNATURE OF FUNERAL SERVICE DEENSEE M. M. 22. NAME AND ADDRESS OF FACILITY MacNabb Funeral Home										
	George E. MacNabb			1 Frede				to. MD 21228			
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition esset of the complete o										
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Due TO (OR AS A CONSEQUENCE OF):  c. Due TO (OR AS A CONSEQUENCE OF):  d.										
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to de	eth but not resulting	In the underly	ring ceuse given	in Part I.	24e, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF DEATH	Check only o	ne)					
SIC	EXAMINER?  1 YES 2 NO 1 Inpatient 2 E	R/Outpatient 3 DOA	OTHER:	fome 5 - Residenc	e 8 🗆 Othe	or (Specify)					
PHY	27. MANNER OF DEATH 28e. DATE OF IN. (Month, Day,		AE OF 28c.	INJURY AT WORK?	28d. DE	SCRIBE HOW II	JURY OCCU	RED			
ВУ	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO							
ED	3 Suicide 6 Could not be 4 Homicide determined	NJURY — Al home, farm, . (Specify)	street, factory, o	mice		or Town, State)	nd Number of	Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my										
	29b. SIGNATURE AND TITLE OF CERTIFIER							SIGNED (Month, Day, Year)			
TO BE	Luk Fly fry			29c. LICENSE NUMBER 29d. D/				5-27-2			
Ĕ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type	s, Print)								
	31. DATE FILED (Month, Day, Yoar)	SIGNATURE									
	Talidan-Nan	AND THE									

DIRECTOR FUNERAL BY COMPLETED BE 2 CERTIFICATION MEDICAL

permit. Pages 1, 2, 3 should the burial-transit hospital or attending physician. use jo Once. retained by the 2 TE notified page 5 s Раде 6 тау be 90 must director, examiner hneral death. the after medical filled in by cremation. the completely event, burial. traumatic and ( Hygiene pri other 6 signed by the atter Health and Mental injury, any Shows t. of h has be Dept. 23 this certificate h Item 9 marked, After DIRECTOR: J 28 TO THE HOSPITAL OF THE FUNERAL COMPOSTANTS IN INPORTANT: If IN HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S, NAME (First, Middle, Last) 5/23/90 EDGAR F. OATES 3. TIME OF DEATN 0 3 0 5 PM 1/24/24 BIRTNPLACE (State or Foreign A SOCIAL SECURITY NUM 5. SEX 8. AGE (In yrs. lest birthday 7. DATE OF BIRTH oth, Day Year) DAYS MIN HOURS MARYLAND 9- FACILITY NAME ( 9b. CITY, TOWN QR-LOCATION OF CEATH Lean 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 6028 LOCUST AVENUE 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WW II 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 X Married Specify 3 Wildowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp CCUPATION during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) PRINTER 9 SPICE COMPANY 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname) EARL OATES MARY E. MARLOW 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BRENDA GUCWA 574 BEECHFIELD AVENUE, BALTIMORE, MARYLAND 21229 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Buriel 2 Cremation 3 Removal from State

Donation 5 Other (Specify) CRESTLAWN CEMETERY MARRIOTTSVILLE, MD. 21. SIGNATURE OF FUNERAL-BETTYCE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximeta shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition Respiratory Distre Disten resulting in death) Metas to hi Lung Cancer
DUE TO (OR AS A CONSEQUENCE OF): 8 month Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NE 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO ient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Aceldent 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide determined CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occured at the time, date and place; and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 038509 mi 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Columbia mel 21044 Little Paturent Pkon, #424

Plaza

Kontrela Kos 2000 Centur

32. REGISTRAR'S SIGNATURE Mandal

Mallinn

31. DATE FILED (Month, Day-Year)

1990

22 15152

X The second second

a a

1	pinor	
	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, 1 LEM: 4 Per PH 6-64 6-1 -94 Fall-Hygiene prior to burial, cremation, or removal, 1 LEM: 4	ļ
	it. Pages	
_	nsit perm	
physician	burjal-fra	
attending	e as the	
spital or a	ed for us	
y the ho	be detach	at once.
retained b	Should	otified
тау ре	or page	ust be n
n. Page 6	aral direct	niner m
after deat	noval.	cal exan
24 hours	filled in to	he med
d within b	mpletely, cremati	event, t
e execute	an and co	umatic
rtificate b	g physici	ther tra
death ce	e attendin	ury, or o
s that the	Ith and IV	any in
w require	been sign	3 shows
N: The la	ficate has State Deg	Item 2
PHYSICIA	this certif	rked, or
ENDING	DR: After ter death	8 is ma
L OR ATT	DIRECTI	Hem 2
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0 THE	TO THE	MPOR

	FOR STATE REGISTRAR					ICATE O			MENTAL H	TGIENI EG. NO.												
	1. DECEDENT'S NAME (First,				0				2. DATE OF C	EATH DA	Y	YEAR	3. TIME OF DEATH									
	5	SAN	10	3.	1/	7 R15	5		5	PROPERTY.	24-	-90	1210PM									
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF B			BIRTH Country	PLACE (State or Foreign									
- 1	227 32 2788	)	1X M 2 🗆 F	65	YRS.	MONTHS DAY	8 HOURS	-MIN.	11/16			Country	"PA									
	9e. FACILITY NAME (If not in	stitution, give st	reet end number)			96. CITY, TOW	N OR LOCAT	ION OF DE		7	9c. COUN	TY OF D										
۳	Balto. Co.	Genera	1 Hosp.			Randal1stown						Baltimore										
DIRECTOR	RESIDENCE OF DEC							5 <b>C</b> O W I	•		Da		.010									
<u>بر</u>	10e. STATE	10b. COUNTY	,		10c. CП	10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?									
ਙ∣	Maryland		Baltimo	re .		Pikes	ville						1 YES AND NO									
A	10e. STREET AND NUMBER						101. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?									
FUNERAL	1308 Greenwood Road							21208	}		Uni	ted	States									
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR				ARMED				IC ORIGIN? (S <sub>I</sub>		or No-	14. RACE	— American Indien, , White, etc.									
	1 Never Merried 2 Merried FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES						YES 2 XNO			, etc.)		Speci	ly:									
BY	3 Wildowed 4 Divorced												White									
		EDENT'S EDUC y highest grade		16a.	(Give kind of	work done during		ing	16b. KIN	D OF BUS	INESS/INDU	JSTRY										
<b>Ш</b>	Elementary/Secondary (0-12) College (1-4 or 5 +)				ille. Do NOT u	_			-		1 .											
鱼	12 years				Bak	er				-	ident											
COMPLETED	17. FATHER'S NAME (First, M						18. MO1	THER'S NAI	ME (First, Middle Ma	s, Maiden SCall												
B	Joseph Pa							Lena														
2	19a. INFORMANT'S NAME (					ADDRESS (Str							1000									
-	Mrs. Jetta		e			3 Green			Pikes	_			1208									
	20e. METHOD OF DISPOSITION  1XXBuriel 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)					smon (Name o			ry		cation — c											
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22, NAM	E AND ADDRI	ESS OF FA	Funera	1 D-	root	220	Tno									
	1 done & very												, MD 21133									
	21 PART I. Enter the diseases, or complications that caused the death. Do not shock or heart falling. List only one cause on each list.						mode of dy	ying, suci	as cardiac	or respi	ratory arre	eat,	Approximate									
										Onset and Death												
	disease or condition DAT CELL CARLET MA DE / 114/6																					
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):																					
z	SEPSIS																					
CERTIFICATION	Sequantially list condit If any, leading to imme		DUE TO	OR AS A CON	SEQUENCE (	OF):																
CA	cause. Enter UNDERLY CAUSE (Disease or Inju		С																			
드	that initiated events		DUE TO	OR AS A CON	SEQUENCE (	OF):																
띪	resulting in death) LAS		d																			
	PART II. Other significa	ant condition	ns contributing t	death but n	ot resulting	in the under	lving cause	given in	Part I. 24	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS									
Ä										PERFOR	IMCD!		AMAILABLE PRIOR TO COMPLETION OF CAUSE									
9 1									—   ¹ ¹	YES 2	KNO		OF DEATH?									
									-				1 TYES 2 NO									
MEDIC																						
AN: MEDIC	25 WAS CASE DEFENDED 1	TO MEDICAL				2	S DI ACE OF	DEATH (Ch	not only one)			25. WAS CASE REFERRED TO MEDICAL  EXAMINER? / HOSPITAL: COTHED:										
ICIAN: MEDIC	EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:																
IYSICIAN: MEDIC	EXAMINER?	TO MEDICAL	1 Inpatient 2	☐ ER/Outpatien		OTHER: 4   Nursing	Home 5 🗆 F		S Other (Sc		N II IBY OCC	TIBED										
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TO MEDICAL Pending	1 Unpatient 2 28s. DATE C		28b. TI	OTHER: 4   Nursing ME OF 286 JURY	Home 5 - F	Residence			NJURY OCC	CURED										
BY PHYSICIAN: MEDICA	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5  2 Accident		28a. DATE C	F INJURY Day, Year)	28b. Tr	OTHER: 4 Nursing ME OF JURY M 1	Home 5 F	Residence	8 Other (St	BE HOW I			Spuse Number									
ED BY	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending	28a. DATE C (Month,	F INJURY	28b. Tr	OTHER: 4 Nursing ME OF JURY M 1	Home 5 F	Residence	8 Other (Sc 28d, DESCRI 28f, LOCATIO	BE HOW I	and Number		Route Number,									
ED BY	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Abcident  3 Suicide 6   4 Homicide	Pending investigation Could not be determined	28a. DATE C (Month,	F INJURY Day, Year)  OF INJURY — A 1, etc. (Specify)	28b. Tr	OTHER: 4   Nursing ME OF JURY M 1 street, factory,	Home 5   F	Residence	8 Other (St 28d, DESCRI 28f, LOCATIC City or R	N (Street wrn, State)	and Number	or Rural	Route Number,									
ED BY	EXAMINER?  1 VES 2 NO  27. MANNER O DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only	Pending investigation Could not be determined	28a. DATE C (Month, 28a. PLACE building	F INJURY Day, Year)  OF INJURY — A p. etc. (Specify)	t home, farm,	OTHER: 4 Nursing ME OF 28c JUTY M 1 street, factory,	Home 5 F. INJURY AT WORK? VES 2 office	NO NO	28d, DESCRI 28d, DESCRI 28f, LOCATIC City or R	N (Street win, State)	and Number	or Rural	Route Number,									
COMPLETED BY	EXAMINER?  1 VES 2 NO  27. MANNER O DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only	Pending investigation Could not be determined	28a. DATE C (Month, 28a. PLACE building	FINJURY Day, Year)  OF INJURY — A 1, etc. (Specify)  of my knowledge	28b. Tr	OTHER: 4   Nursing HE OF JUFFY M 1 street, factory, red at the time, ion, in my opinic	Home 5   F. INJURY AT WORK? VES 2 office date and place on, death occ	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d, DESCRI 28d, DESCRI 28f, LOCATIC City or R to the cause( time, date and	N (Street wn, State)	and Number	or Rural	a) and manner as stated.									
ED BY	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident  3 Suicide 6  4 Homicide  29e. CERTIFIER (Check only	Pending investigation Could not be determined TIFYING PHYS DICAL EXAMINE	28a. DATE C (Month, 28a. PLACE building	FINJURY Day, Year)  OF INJURY — A 1, etc. (Specify)  of my knowledge	28b. Tr	OTHER: 4   Nursing HE OF JUFFY M 1 street, factory, red at the time, ion, in my opinic	Home 5   F. INJURY AT WORK? VES 2 office date and place on, death occ	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d, DESCRI 28d, DESCRI 28f, LOCATIC City or R to the cause( time, date and	N (Street wn, State)	and Number	or Rural	e) and manner as stated.									

3	8	-
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	announcements the control of the Office of the control of the control of the control of the control of
0	2	Ē
y b	pag	4
E	0,	9001
9 9	90	E
Pag	ē	9
5	era	100
deal	Ž	2
ter	the Sal	10
60	3 E	i
100	D io	ě
24	fille on,	2
Ę	tely	-
W	nple Cre	107
rted	S 12	
Wect	Pag and	100
83	an r	1
e b	Sici	-
fica	一点	3
Sert	ing Soie	40
ŧ	tend H H	3
dea	e at	į
#	£≥	3
hat	d b	2
es	gne	0
quir	E H	-
9	bee	4
8	Dep	9
Ē	ate	-
AN	iffor St	2
SICI	35	
¥	this with	400
9	ter	i
9	r de	3
E	afte atte	00
RA	REC	-
0	0 8	14.
K	PA S	20
SS	J. P.	-
王	E X	į
王	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the figling within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	0
0	0.0	

	1 - FOR STATE OF I		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)  MARY PARKER	+		2. DATE OF DEATH DAY	90 7:45 a M				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 ☐ XF	8. AGE (In yrs. lest birthday)65	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	e. BIRTHPLACE (State or Foreign Pennsylvania				
H.	9a. FACILITY NAME (If not institution, give street and number) 2608 Myrtle Ave.		b. CITY, TOWN OR LOCATION OF D Lansdowne		9c. COUNTY OF DEATH Balto.				
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	District Control							
DIRECTOR	Md. Balto.	5000	nsdowne		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 2608 Myrtle Ave.		101. ZIP CODE 21227		U.S.A.				
BY FUN	1 Never Married 2 Married FORCES?	AT EVER IN U.S. ARMED    YES 2 NO  MAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	an, Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: white				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th grade	(Give kind of we life. Do NOT use	ISUAL OCCUPATION ark done during most of working retired.)  CEEPET	16b. KIND OF BUSINESS/INDU					
🖔	17. FATHER'S NAME (First, Middle, Last)	DOORE	-	AME (First, Middle, Malden Surname)	IIICIIIG				
	Walter A. Ohler			aret P.Eyler					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING		Route Number, City or Town, State, Zip	Code)				
유	Sherry Spangenberg			Ave. Lansdowne,					
	20a. METHOD OF DISPOSITION  1 [3] Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	other piece)	TION (Name of cometery, crematory or dge Memorial Pa		20c. LOCATION — City or Town, Stata Elkridge, Md.				
	22. NAME AND ADDRESS OF FACILITY 4107 Wilkens Ave. Balto. Md. 21229 Howard H. Hubbard, Inc.								
Н	23. PART I. Enter the diseases, or complications th	0"			est. Approximata				
	shock, or heart feliure. List only one ca	REINOHA	Interval Between Onset and Death						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to	o death but not resulting in	n the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b, WEIRE ALTOPSY FINDINGS AWALASLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO				
NA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	heck only one)					
SICIAN:	EXAMINER? HOSPITAL: 1 YES 2 NO 1 inpatient 2		OTHER:	6 ☐ Other (Specify)					
PHY	27. MANNER OF DEATH 28s. DATE O	F INJURY 265. THE	OF 28c. HUURY AT	284. DESCRIBE HOW INJURY OCC	CURED				
BY P	1 Februal 5 Pending 2 Accident Investigation	Day, Year) INUL	H 1 YES 2 NO						
	3 1 Suiride 20 200 PLACE	OF BILIURY — At home, farm, s , etc. (Specify)	reet, lactury, office	28f. LOCATION (Street and Number City or Bavn, State)	or Rural Route Municipal				
COMPLET	CERTIFIER (Check only one) 2 MEDICAL SKAMMER: On the best of								
BE CC	296 SIGNATURE AND TITLE OF CERTINER	Dolla L	29c. LICENSE NU	IMBER 29d. DATE	E SIGNED (Month, Day, Mar)				
2	Diana H. Griffin M.D. 5		0.05-7.0	Balto, Md. 2122	9				
	31. DATE FILED (MODY). Dev. (box) 1990 32. REGIST	insugant and	Tour oncorogy	1 101 6466					

permit. Pages 1, 2, 3 should

## thin its mount after death. Page 6 may be retained by the hospital or attending physician leave filled in by the innext director page 5 pour by deathed for use as the hundarization.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25

James Kaplan,

MD

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-transit	be filed wronin (2 hours aret deet) with the State Cept, or regulation mental regime, provided containing the medical examiner must be notified at once.
O THE HOSPITAL DR ATTEN	O THE FUNERAL DIRECTOR	e nied within 72 hours arter MPORTANT: If item 28 i

FOR 1 - STATE REGISTRAR	STATE OF				IEALTH AND I	MENTAL HYGIEN	E				
1. DECEDENT'S NAME (First, Middle,						2. DATE OF DEATH	AY Y	EAR 3.	TIME OF DEATH		
Loui	S	Α.		Purye	ar <sup>JR.</sup>	5-22-90 m			3:31AM W		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birt	thday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign		
213-96-5944	1 ₹ M 2 □ F	23	ras.	Lunio	MIN.	9/10/1966	BA	LTIN	ORE.MD.		
9a. FACILITY NAME (If not institution,	give street and number)	-	9b. C		OR LOCATION OF DE		9c. COUNTY	Y OF OEA	гн		
University Ho RESIDENCE OF DECEDEN 100. STATE 100b. CC MARYLAND					Baltimor	e City	Lty				
RESIDENCE OF DECEDEN		Lac	De. CITY, TOW	N OR LOCA	TION			Id. INSIDE CITY			
MADVI AND							1				
			DALITI		MARYLAN	υ	10- CITIZE		X YES 2 NO		
Z 721/ CAL HAVEN	APT-3		TIT A NID		21207		USA	it or win	COUNTRY		
Toe. STREET AND NUMBER  7214 OAK HAVEN  11. MARITAL STATUS  1 X Never Married  2 Merried		LMUKE, MAK	- T			NIC ORIGIN? (Specify Yes			- American Indian.		
1 X Never Married 2 Merried	FORCES? 1 YES 2 TNO			If yes, sp	ecify-Cuban, Mexica	in, Puerto Rican, etc.)	1 OF NO- 14	Black, V	Vhite, etc.		
3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES ""					y:	l p	Specify: BLACK			
	EDUCATION	16a. DECED	ENT'S USUAL	OCCUPATI	ON	16b. KIND OF BU		-			
(Specify only highest	(Specify only highest grade completed)  (Give kind   Felementary/Secondary (0-12)   College (1-4 or 5 +)				est of working						
12	College (I-4 of 5	"									
Specify only highest Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Last	st)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
LOUIS PURYE	AR SR.			VIVIAN	WILLIAMS		umame)				
LOUIS PURYE		19b. M	AILING ADDR	ESS (Street			n, State, Zio C	ode)			
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  VIVIAN PURYEAR  7214—OAK HAVEN CIR. APT 303 BALTIMORE, MD. 21207											
	20s. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State										
1 X Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	572671990	WOODLA	WN CE	METER	Y	BAL	TIMORE	. MAF	RYLAND		
21. SIGNATURE OF FUNERAL SERVI		0 /	7 1	22. NAME A	ND ADDRESS OF FA	CILITY					
* Co	FSTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217										
22 DADT I Enter the disease	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
iMMEDIATE CAUSE (Final disease or condition	Cumah	at 1701md t	o abd	omon					Onset and Death		
reaulting in death)	a	ot wound t		onen					1		
	DUE T	O (OR AS A CONSEQUE	NCE OF):								
Sequentially list conditions,	Ь	2 (OD 45 4 00) 050 UE	110E 0E						-		
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DOE I	O (OR AS A CONSEQUE	NCE OF:								
CAUSE (Disease or injury	c. OUF TO	O (OR AS A CONSEQUE	NCE OEL						<u> </u>		
that initiated events resulting in death) LAST		(									
Ü	d										
	ditions contributing t	o death but not resu	ilting in the	underlyin	g cause given in	Part i. 24s. WAS AN			VERE AUTOPSY FINDINGS		
<u> </u>						XX YES	2   NO	0	OMPLETION OF CAUSE OF DEATH?		
ij									YES 2 NO		
PART II. Other significant conditions of the property of the p											
25. WAS CASE REFERRED TO MEDIC EXAMINER?					LACE OF DEATH (C/	heck only one)					
I ZONES 2 □ NO	HOSPITAL:	SECOutpatient 3 -		IER: Nursing Ho	ne 5 🗆 Residence	6 Other (Specify)					
27. MANNER OF DEATH	28a. DATE (	F INJURY 2	6b. TIME OF	28c. IN	JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCU	IRED	-		
		-90 2	2:58AM	10		Subject s	hot				
m   Accident	28e. PLACE	OF INJURY — At home	farm, street,	factory, offi	ce	261, LOCATION (Street	and Number of	r Rural Roo	ute Number,		
4 Hemicide determin		stre	eet			1600° b1	ock E	dmon	dson Ave.		
29a. CERTIFIÉR 1 CERTIFYING	PHYSICIAN: To the best	of my knowledge death	occurred at 1	he time 4-	and place and du				_		
	AMINER: On the beals of								and manner as stated.		
					29c. LICENSE NU		-				
296. SIGNATURE AND TITLE OF CEI	29b. BIOMATURE AND TITLE OF CERTIFIER					MBER 29d. DATE SIGNED (Month, Dey,					
20. NAME AND ADDRESS OF PERSO	N WHO COURT ETER CO	INC. OF DEATH (ITTEL	7) (Time Put-		OCME		L 3		J U		

111 Penn Street, Baltimore, MD 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT OF HE CERTIFICATE OF E			
1. DECEDENT'S NAME (First	I, Middle, Last) Virginia	Zueen	2. DATE OF DEAT	15-90 15-90	3. TIME OF DEATH
4. SOCIAL SECURITY NUM  2 (2-28)	5. SEX 1   M 2   F   6. AGE	VRS. MONTHS DAYS	IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Yes	-29 16	HPLACE (State or Folding) The Carolina
	institution, give street and number)	enter Bal	However 1	9c. COUNTY OF	DEATH
HESIDENCE OF SE	106. COUNTY NA	60c. CITY, TOWN ON LOOKING	moo		10d. INSIDE CITY LIMITE?  2 \( \text{NO} \)
10h. STREET AND NUMBER  11. MARITAL STATUS	J. Chester	×29.	2/2/3	1,6	1. S. A.
m 3 Wildowed 4 □ Div	IF YES, CIVE WAS ON D		ify Cuban, Mexican, Puerto Rican, etc.		alack
	CEDENT'S EDUCATION by highest grade completed)  Coffees Star Star	. 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done sturing most the . Do NOT upo method.)  HOU ALW	of working 166. KINO OF	enswess/mousthe	4
TO THE PLANT OF THE PARTY OF TH	gon Loud Jenkins	11000	18 MOTHER'S HAME (First, Miciso, My	r Rins	
P ELAINE	QUEEN	19b. MAILING ADDRESS (Street and	Number or Political Control	Town, State, Zig cope)	2/2/2/3
4 LJ Donation S C Othe	ion 3 - Removal from State	Any And NATE A	ACMONIAL HC K	Burghy	own, State
21. SUMMATURE OF SUMER	Johns A	RODA	FICE: 4644	FUNERA	ROAD
	3 VERS	the death Do not leaver the moderate the moderate that the consequence of:	BALTIMORE	os Wile arres	or oximate inferval Between Onset and Desth
Sequentially list conditions of the course. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	ediate // Can As /	A CONSEQUENCE OF):	3		
that initiated events resulting in death) LA		A CONSEQUENCE OF):			
PART II. Other signific	fasture Bhasen	. 0		S AN AUTOPSY 24 RFORMED? ES 2	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	HOSPITAL:	OTHER:	CE OF DEATH (Check only one)		
	1   Impetient 2   ER/Out	28b. TIME OF 28c. INJURY WOR	5 Residence 6 Other (Specify. RY AT 28d. DESCRIBE H IK? ES 2 NO	OW INJURY OCCURED	
		Y — At home, farm, street, factory, office city)	26f. LOCATION (S City or Town,	treat and Number or Rural State)	Route Number,
Tonican and	RTIFYING PHYSICIAN: To the best of my know DICAL EXAMINER: On the basis of examination				(a) end menner as stated.
296. SIGNATURE AND TITE	4 Kan	P.	29c. LICENSE NUMBER  D37458	/	D (Month, Day, Year)
	OF PERSON (WHO COMPLETED GALDE OF DE				
31. DATE FILED (Month, Day MAY 9 5 100		NATURE			

Mary John L. M. Chesto to the Mary Me Laurels.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
H D REDWOCCERTIFICATE OF DEATH
REG NO.

	112010111111	DEDU	An D	KEDWOO	2-1111	IOAII	_ 0.	DEATH		REG. NO.					
	1. OECEDENT'S NAME (Firs	i, Middle, Last)	000	T	R	(F)	(4)	σD	2. DATE OF MONTH	DEATH	5 2	3. TIME O	F OEATH		
	4. SOCIAL SECURITY NUM		5, SEX	6. AGE (in yrs.	Innt hirthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIDTU		BIRTHPLACE (Str	19		
	216-28-5		1 - M 2 X F	8/-	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, E	Day, Year)	0.	Country)	10.00		
	9a. FACILITY NAME (If not I			1 00		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							AND		
DIRECTOR	KESWICK N	JURSI	Minne California	15		RF		MORE	LAITI		SC. COOK!	OF BEATH			
EC	RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	10c. CITY, TOWN OR LOCATION					10d, INSIDE CITY				
S S	MD.				BA	LTI	MOR	Ε		LIMITS?					
	10e. STREET AND NUMBER					10f, ZIP CODE					10g. CITIZEI	N OF WHAT COU			
FUNERAL	700 WES	T 40t	h. ST.					21	211		.S.A.				
N	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S.		13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (	Specify Yea	. RACE — Americ	en Indian,			
	1 Never Married 2		FORCES? IF YES, GIVE	WAR OR DATES	NO			2 NO Speci		an, atc.)		Specify: TAT	HITE		
ВУ	3 Widowed 4 Div									VV	11111				
COMPLETED	15. OE (Specify on	16a.	DECEDENT'S (Give kind of life. Do NOT u	Work done	CCUPATIO during mo	ON st of working	16b, K	IND OF BUS	INESS/INOUS	TRY					
Ę	Elementery/Secondary (0-12) College (1-4 or 5+)														
ME	12 HOUSEWIFE OWN HOME  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)														
	ISAAC		XON						AME (FIRST, MIG ABETH						
BE	190, INFORMANT'S NAME (	195. MAII INC	AOORES	S (Street )	and Number or Burni	Boute Number	City or Town	State Zin C	v(e)						
5	198. INFORMANT'S NAME (Type/Print)  199. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip C  8 OVER RIDGE CT. BALTIMORE, MI									0					
	20a. METHOD OF DISPOSI	20b. PLAC		SITION (N	ame of ce	netery, crematory or		20c. LO	ATION City or Town, State						
	20b. PLACE OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)   DRUID RIDGE CEM.   20c. LOCATION   PIKESV									KESVI	LLE, MD	. 2120			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 4 9 0 5 YORK ROA										OAD 21	212			
/	D 2-	4. K	. 77					JENKINS							
$\rightarrow$	1 9 100			net ceused the	deeth. Do			-		-	-		proximate		
	ehock, or head fellure. List only she ceuse on each line.														
	disease or condition											land Deeth			
	reculting in death)  e. Curbic Consciuence Op:										nous				
_	Cerbral varielas desease Escerelin 5720+														
Ó	Sequentielly list conditions, our to (or AS A CONSEQUENCE OF):    Sequentielly list conditions, our to (or AS A CONSEQUENCE OF):										1001				
CAT	ceuse. Enter UNDERLY CAUSE (Disease or in)	ring	c												
LE	thet initieted events		DUE T	O (OR AS A CONS	SEOUENCE C	F):									
CERTIFICATION	resulting in deeth) LAST														
	PART II. Other signific	ent conditio	na contributing t	to deeth but no	t recuiting	In the u	nderlyin	g ceuae given is	n Part I. 2	4a, WAS AN			TOPSY FINDINGS		
EDICAL										PERFOR		COMPLET	E PRIOR TO ION OF CAUSE		
												OF DEATH	17 3 2 🗍 NO		
N															
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL					20. P	ACE OF DEATH (C	heck only one)						
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 5 🗆 Realdence	6 Other (	Specify)					
Ж	27. MANNER OF DEATH		26a. DATE (	OF INJURY Day, Year)	20b, TH	WE OF		JURY AT	20d. DESCI	RIBE HOW I	NJURY OCCU	RED			
BY F	1 Netural 5 2 Accident	Pending Investigation	,,			М		YES 2 NO							
	3 Suicide e	Could not be		OF INJURY — At g, etc. (Specify)	home, farm,	street, fac	tory, offic	a		ION (Street a Town, State)	and Number or	Rural Route Numb	900		
COMPLETED	4 Homicide	detarmined													
PL		TIFYING PHYS	SICIAN: To the best	of my knowledge,	death occur	red at the	time, date	and plece, end du	ia to the cause	(a) and mer	nner as stated				
ON	one) 2 ME	DICAL EXAMIN	ER: On the besie of	examination and/	or investigati	lon, In my	opinion,	leath occured at th	a time, date as	nd place, an	d due to the	cause(a) and man	ner as stated.		
ш	296. SIGNATURE AND TITL	E OF CERTIFIE	ir )					29c. LICENSE NI	JMBER		29d. DATE S	SIGNED (Month, De	ay, Year)		
TO B	2 1/tu	uts	Welt	mon	3			D120	45		15	. 19.5	20		
F	30. NAME AND ADDRESS (	OF PERSON WI	4		TEM 27) (Typ										
1	E-HUI	VTER	WILSO			700	W.	40TH S	STE , C	SALIT	o. Ma	21211			
	31. DATE FILED (Month, Dg)			RAR'S SIGNATURI											
	MAY 2 5 19	10	Julia David	1000											
	100		June David	100 m	-								DHMH-16 Rev 1/89		
				mode	DE.										

DIRECTOR

FUNERAL

В

ETED

COMPL

BE

9

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

TO THE HOSPITAL (
TO THE FUNERAL D
Be filed within 72 h
IMPORTANT: If it

HOSPITAL OR ATTENDING

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	1.24 mours after death. Page 6 may be retained by the hospital or attending physician,
DIRECTOR: After this certificate has been signed by the attending physician and complete	DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	thon, or removal.
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5/22/90 Ethel Louise Rahn 7. DATE OF BIRTH

(Month, Day, Year)

June 24,1913 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 76 MONTHS DAYS HOURS 1 🗌 M 2 🕮 F 214-14-7493 VBS Washington D.C. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b, CITY, TOWN OR LOCATION OF DEATH 3634 Lochearn Drive Woodlawn Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY Maryland Baltimore Woodlawn 1 YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 3634 Lochearn Drive 21207 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2.
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 Never Married 2 Married 1 YES 2 X NO Specify: Specify: 3 🖾 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comple College (1-4 or 5 +) Elementary/Secondary (0-12) 4 Years Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. White Blanche Ethel Berry 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Coldwater Court Towson, MD Mr. George W. White, Jr. 20s. METHOD OF DISPOSITION

1 💢 Buriel 2 🖂 Cremation 3 🗀 Removal from State
4 🗎 Donation / 5 🗀 Other (Spelly) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Lake View Memorial Park Sykesville, MD OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. will 8728 Liberty Road Randallstown MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart fellure. Liet only one cause on each line. **Onset and Death** MMEDIATE CAUSE (Finel t Vendo, cula f. Dr. Clates diseese or condition\_ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the undarlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient | 2 | ER/Outpetient | 3 DOA **EXAMINER?** OTHER: 1 YES 2 ONO 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide detarmined TWO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 127447 5/25 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) MAY 25 1990 32. REGISTRAR'S SIGNATURE July Vavidson- Asna 18

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

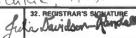
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MADYLAND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	CE	ERTIFICATI	OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	1			2. OATE OF OEATH		3. TIME OF DEATH		
	GEORGE H. Y	MAINSO	n J	R .	MONTH DA	Y YE			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les			7. DATE OF BIRTH		NRTHPLACE (State or Foreign		
	219-28-8587 100	20F 56	YRS. MONTHS	DAYS HOURS MIN.	3/22/3	4	Mi		
	9e. FACILITY NAME (If not institution, give street and no	umber)	9ь, СП	TOWN DR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
S	St. Agnos Hoson	tal	1 4	n Himore		36.3	51.44		
5	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY						404 110100 0101		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	11 - CO			10d. INSIDE CITY LAMITS?		
	10a, STREET AND NUMBER		Da	101, ZIP CODE		40- 0171761	1 ₩ YES 2 NO OF WHAT COUNTRY?		
RA	U722 And 1/ -C	1-0 0-1		211220		log. Cilizen	G. A		
FUNERAL	11. MARITAL STATUS 12. WAS	OECEDENT EVER IN U.S. AR	, MED 12	WAS DECENDENT OF HISPAN	IIC DDIGIN2 (Specify Ver	or No. 14	RACE — American Indian,		
	1 Nover Married 2 Narried FOR	CES? 1 YES 2 X	10	If yes, specify Cuben, Mexica  1  YES 2 NO Specify	n, Puerto Ricen, atc.)		Black, White, atc.		
BY	3 Widowed 4 Divorced	is, cive wan on bales		TO TEST A NO Species	y.		BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed		CEDENT'S USUAL O	CCUPATION during most of working	16b. KIND OF BUS	INESS/INDUST	RY		
LET		M. E. or. E. IV.	Do NOT use retired.) Maintena						
MP	10th GRADE		mainiena						
8	17. FATHER'S NAME (First, Middle, Liest)  GEORGE ROBINSON			1200	ME (First, Middle, Meiden				
BE		T			·	YNE			
2	WANDA ROBINSON	190		S (Street and Number or Rural		I MORE			
	WANDA ROBINSON  20a. METHOD OF DISPOSITION	20h PLACE		ELBOURNE R		CATION — City	MD. 21229		
	1 ( Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)				DA		RE, CO.,MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			NAME AND ADDRESS OF FA	. 1 \ 1		,		
	► M0 0		h	M C MARCH	I F H 11	01 E	NORTH AVE.		
	Nada	W arren				-			
	23. PART i. Enter the diseases, of complica ahock, or heart failure. List only			r the mode of dying, suc	n aa cardiac or reapi	ratory arrest	interval Between		
	iMMEDIATE CAUSE (Final disease or condition	0					Onset and Death		
	resulting in death) a	DUE TO (OR AS A CONSE	QUENCE OF):						
Z		Parenles	( 4						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	QUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
TF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE DF):						
Ä	d								
1	PART II. Other significant conditions contril	buting to death but not	resulting in the u	nderlying cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2					1 _ YES 2		COMPLETION OF CAUSE OF DEATH?		
AEC							1   YES 2   NO		
ä		-							
Ν	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C/	neck only one)				
SIC		PITAL: patient 2 ER/Outpatient 3	DOA 4 N	R: rsing Home 5 - Residence	8 Other (Specify)				
PHYSICIAN: MEDICAL		a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HDW I	NJURY OCCUR	EO		
BY	1 Natural 5 Pending 2 Accident Investigation		м	1 YES 2 NO					
	3 Suicide a Could not be 4 Homicide determined	<ul> <li>PLACE OF INJURY — At he building, etc. (Specify)</li> </ul>	ome, farm, street, fac	ctory, office	28f. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,		
H									
3 Suicide a Could not be determined building, etc. (Specify)  29a. CERTIFIER (Check only orie)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
S	2 MEDICAL EXAMINEN: ON THE	basis of examination and/or	investigation, in my	oce - modernoonser-					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1.1		29c. LICENSE NU		_	GNEO (Month, Day, Year)		
5	20 NAME AND ADDRESS OF SERSON WILL COLUMN	ETED CAUSE OF DEATH AT	M 27) (Terra Palan)	18243	1361	7	123/90		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Mazen Dimachkie, 71.). 900 Caton Ave Balt. Md 21229								
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE								

MAY 25 1990



	1	
Œ	I	
DIRECTO		
ERAL		
FUN		
TO BE COMPLETED BY FUNERAL DIRECTOR		-
COMP		
O BE		
Ě		

	1 - STATE OF N		/ DEPARTM		EALTH AND N DEATH		IENE . NO.			
	1. DECEDENT'S NAME (First, Middle, Last) REDECCIA B.	Rua	10			2. DATE OF DEA	22 /	990 7.00 A M		
	4. SOCIAL SECURITY NUMBER  217-36-4053  9. FACILITY NAME (If not institution, give street and number)	8. AGE (In yrs. )	YRS. MO	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF OE	7. DATE OF AIRTS (Month, Day, Mann)	/07	8. BIRTHPLACE (State or Foreign Country)  MARYLAND  INTY OF DEATN		
OR	3614 FORDS LA., APT. C	3614 FORDS LA., APT. C BALTO.								
DIRECTOR	108. STATE 10b. COUNTY MARYALND				ION IMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF WNAT COUNTRY?				
FUNERAL	3614 FORDS LA., APT. C 11. MARITAL STATUS 12. WAS DECEDEN	RMED	13. WAS DEC	21215 ENDENT OF NISPAN			USA 14. RACE — American Indian,			
Specify:  Specify:  Specify:  Specify:								Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentery/Secondary (0-12) Collage (1-4 or 5	4)	DECEMENT'S US (Give kind of work life. Do NOT use to DUSEWIF	k done during mo etired.)	on st of working	18b. KIND (	AT HOM			
17. FATHER'S NAME (First, Middle, Last) AARON NEUMAN  18. MOTHER'S NAME (First, Middle, Maiden Surname) IDA BERGER										
TO B	190. INFORMANT'S NAME (Type/Print) MRS. MARILYN HURWITZ				Number or Rural F					
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	other	place)		netery, crematory or	2		- City or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MI										
23. PART LEnter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellule. List only one cause on each line.								Interval Batween Onset and Death		
PHYSICIAN: MEDICAL CER	PART II. Other eignificent conditione contributing to			g ceuse given in	Р	MAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				ACE OF OEATH (Ch	eck only one)				
IYSI	1 TYES 2 NO 1 Inpetient 2  27. MANNER OF DEATN 28s. DATE OF				Realdenca		how injury of	CCURED		
BY Ph		Day, Year)	INJUR	M 1 🗆	PRK?	zoo. Dzgornoż	THE RESERVE OF	700112		
	3 Suicide 28e. PLACE (	OF INJURY — AI , etc. (Specify)	et, factory, offic	<b>a</b>	28t. LOCATION City or Town		er or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of									
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED  29d. DATE SIGNED  29d. DATE SIGNED  29d. DATE SIGNED  29d. DATE SIGNED							TE SIGNED (Month, Day, Year)  May 22, 1990			
_	MARVIN GOLDSTEIN, N	1, D. G	OOI PA	RK HE	IGHT5	AVE. 1	BALT	o., MD.		
	ARE 725 1990 guteville	MGZ OF WAY								

110.72

3. TIME OF DEATH

Balfinane

interval Between Onset end Death

8. BIRTHPLACE (State or Foreign Country) Pennsylvania

11:35 PM

90 YEAR

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Edna

TAL OR ATTENDING P	After t	feath v
TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the ho	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detac	72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
IAN: T	tificate	e Stat
he la	e has	be Dec
v requ	рееп	t. of
yires t	signe	Health
that ti	d by	and (
he de	the a	Men
ath c	ttendi	A IE
ertifica	ng ph	Tiene
ate be	ysicla	prior
exect	n and	to De
uted v	comp	rial, c
within	pletely	remai
24 h	filled	, non
DUITS 3	in by	or ren
fter d	the	Joval.
eath.	hnera	
Page	Il dire	
6 ma	ctor, p	
y be	page	
retain	5 sho	
ed by	o pin	
the	e det	
E	8	

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE

3001

	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (I	n yrs. last birthda			IF UNDER		7. DATE (	Dey, Year)		BIRTHPLAC Country)	E (State or Foreign
	064 10 6684 1□M2QF /3 VRS.			MONTHS	DAYS	HOURS	WIN.		20-19			lvania		
	9a. FACILITY NAME (If not in	nstitution, give st	treet and number)		1	9b. CIT	, TOWN C	OR LOCATION	ON OF D	EATH		9c. COUNTY	OF DEATH	
뜽	Harbor Hospital Center Baltimore City =====													
CTOR	RESIDENCE OF DEC	100.0	ITY, TOWN	OR LOCAT	TION					104	. INSIDE CITY			
DIRE	10a. STATE	10b. COUNTY			- 1			IION						LIMITS?
	Maryland				1	alti	-	. 7:0 000	-			I do- CITIZEI		YES 2 NO
뢽	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNT 21225 U.S.A.										COOMINIT			
FUNERAL		itiac A				1				NIC OBION	? (Specify Ye			American Indian,
BY FUI	11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Divi		12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 X NO	13.	If yes, sp		en, Mexica	an, Puarlo F		14 or No.	Black, Wh	
8	15. DEC	CEOENT'S EDU	CATION		16a. DECEDENT	'S USUAL O			ina.	16b.	KIND OF BU	ISINESS/INDUS	TRY	
	Elementary/Secondary (	College (1-4 or !	5+)	life. Do NO	use retired.)	during me	OSL OF WORK	''y						
COMPL	7th Grade				Hot	sewi	sewife				Home Maker			
Š	17. FATHER'S NAME (First, A	Middle, Last)						18. MOT	HER'S N	AME (First, A	Aiddle, Malder	n Surname)		
1	Ale	ex So	botor						M	ary	Sutr	ynowic	h	
	19a. INFORMANT'S NAME (	Type/Print)			19b. MAIL	NG ADDRES	S (Street	and Numbe	or Rural	Route Numb	oer, City or Tox	wn, State, Zip Co	ode)	
TO BE	William F	R. Roma	ansky		617	Elio	t Ro	ad	Pas	adena	. Mar	yland	2112	22
	20a. METHOD OF OISPOSI		and from State	20b	other place)	POSITION (A	lame of ce	metery, crea	matory or		20c. L	OCATION CIt	y or Town,	State
	4 Donetion 5 Othe		IOVEL ITOM STATE	- 10	Glen Ha	ven l	1emo	rial	Par	k	Gl	en Bur	nie.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.													
	16 Lmn	- Cm	13-		/									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or hast failure. List only one cause on each line.  Approximate interval Between													
			List only one c	ause on e	ach line.									Interval Between
	IMMEDIATE CAUSE (Fi	Inal		and	1-00		86	ac.	-					Oliset ond Dout
	resulting in deeth)	<b>→</b>	a. Co	m 100 AS 1	CONTECUENC	OE:								
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. Cardiogenic Shock  Due to (or as a consequence of):  Sequentially list conditions,  Discrete Coronary Arteury Discrete													
N N														
ATION	If any, leeding to immediate causa. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or injury CAUSE (DISEase or													
TIFIC														
E	thet initiated events reaulting in death) LAST													
AL CER	d													
A P	PART II. Other eignific	cant conditio	ne contributing	to death t	but not resulti	ng In the I	ınderiyi	ng cause	given i	n Part I.		N AUTOPSY ORMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
CIAN: MEDICAL											1 🗆 YES	2 🗌 NO		MPLETION OF CAUSE DEATH?
ME													1 (	YES 2 NO
ä														
CIAN	25. WAS CASE REFERRED	TO MEDICAL						PLACE OF	DEATH (	Check only o	ne)			
S	EXAMINER?		HOSPITAL:	2 ER/Out	patient 3 🗆 DO	A 4 N	ER: ursing Ho	me 5 ☐ 1	Rasidence	8 🗆 Oth	er (Specify)			
PHYSIC	27. MANNER OF DEATH		28a. DATE	OF INJURY	28b.	TIME OF INJURY	28c. IN	JURY AT		28d. DE	SCRIBE HOW	V INJURY OCCU	JREO	
		Pending Investigation		, 50, 1007		М		YES 2	□ NO					
D BY	2 Accident 3 Suicide 6	Could not be	28e. PLAC	E OF INJUR	Y At home, fe	m, street, f	ctory, off	Ice			CATION (Street	et and Number o	r Rural Rout	s Number,
i ii	4 Homicide	determined	0.000		,									
COMPLETED	29a. CERTIFIER 1 X CE	RTIFYING PHYS	SICIAN: To the best	t of my know	wledge, death oc	curred at the	Ilme, da	te and plac	ca, and d	ue to the ca	ruse(e) and n	nanner as atate	d.	
COMP	(Uneck only / —													nd menner es stated.
ျှေ	29b. SIGNATURE AND TIT	LE OF CENTIER	ER	111		-		29c. Li	ICENSE N	UMBER		29d. DATE	SIGNĘO (M	onth, Gay, Year)
H	and of the state o	0. 34,141	X/	16	nson	M	1)					1 5	-/10	9/90
O BE CO			V	11.55	. , 20, 1	,							1 '	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

Edna Elizabeth Romansky

2. DATE OF DEATH

K 6 

	3 shouls		
	\$ 1, 2,		
	nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3		
	<b>Dermit</b>		
÷	ansit		
ySHCI4	unial-tr		
	the b		
I I I I	e as		
5	for us		
Popula	thed 1		
200	detac		000
5	무 무		to be
ergille	5 shou		offific
20 6	page (		he
	ctor,		-
Lage	ul dine		100
de unicate de executed within 24 hours after death. Fage o IIIay de retained by the Hospi	funera		an element of the contract of the contract of the contract of the contract and contract the contract of the contract of
2010	y the	noval.	100
cino	in b	or rer	madi
17	filled	ion, (	ho
	pletely	remat	fue
חמח	COM	nal, c	-
CAROL	and I	to bu	in ali
25 21	ysicla	prior	tras.
2000	ng ph	giene	otho
odel c	ittendi	tal Hy	40
n an	the a	1 Men	in lase
P	ed by	th and	2000
dalles	rtificate has been signed by the attending	th the State Dept. of Health and Mental Hygiene pric	00000
W G	s beer	pt. of	40 00
2	te hat	ate De	0
JAN.	rtifica	he Sta	AP 600
2	SCE	th	3

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	REGISTRAR		CERTI	FICA	TE OF	DEATH	1	REG. NO.				
	1. DECEDEHT'S NAME (First, Middle,	Last)					2. DATE OF MONTH	DEATH	,	YEAR	3. TIME OF DE	ATH
	LOUISE	RIEBL	ING				MAY	2.3	199		4:20	ам
- 9	4. SOCIAL SECURITY HUMBER	5. SEX 6. AC	E (In yrs. lest birthday		IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		A BIRTI	IPLACE (State or	Foreign
	212-07-1819 9a. FACILITY HAME (If not institution,	1 🗆 M 2 🙀 F	73 YRS.	MONT		HOURS MIN.	JULY	9, 19		MAR NTY OF D	YLAND	
œ	649 COLERAINE			1	BALTIM	R LOCATION OF DE	ATH					
DIRECTOR	RESIDENCE OF DECEDEN		<del></del>	BALTIMORE BALTIMO						OKE		
H H		OUHTY	10c. C		VN OR LOCAT						10d. INSIDE CI LIMITS?	TY
		LTIMORE		В	ALTIMO						1 YES 2	
FUNERAL	100. STREET AND HUMBER 649 COLERAIN	E ROAD			101	21229			271	S.A	WHAT COUNTRY	?
BY FUN	11. MARITAL STATUS  1				If yes, specify Cuban, Maxican, Puerto Rican, etc.) Biac						E — American in k, White, alc. "Y": WHITE	dlen,
	15. DECEDENT		18a, DECEDENT	S USUA	L OCCUPATION	N	18b. KI	ND OF BUS	SINESS/IN			
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retin	one during mo ed.)	st or working						
릴	12		HOM	E M	AKER			OWN H	OME			
00	17. FATHER'S HAME (First, Middle, La		· <del>···</del> ···			18. MOTHER'S HA						
BE (		TECAVALLO				ZEMIRA						
2	192. IHFORMANT'S HAME (Type/Print KATHRYN JEFFR		6714		RESS (Street a EEKINS	AVE . B	Route Number,				21207	
	20a. METHOD OF DISPOSITION 1 Description   Method   Metho	Removal from State	20b. PLACE OF DISP MEADOWR	ositioi IDGI	(Name of cent	netery, crematory or TERY		DORS			DWN, State	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	l		LEROY	DADDRESS OF FAR & RUSSE DMONDSON	LL WI	TZKE	FUNE	RAL	HOME	
	23. PART I. Enter-the disease	a, or complications that cau	sed the death. Do								Approxi	mate
		a. METAS		B		ST C					interval	Between and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a	S A COHSEQUENCE				-					
	PART II. Other aignificent con	ditione contributing to deet	h but not resulting	g in the	underiyin	cause given in	Part i. 2	Ia. WAS AH PERFOR		24	. WERE AUTOPS	
PHYSICIAN: MEDICAL							_   1	YES 2	-		AVAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	F CAUSE
A	25. WAS CASE REFERRED TO MEDI	CAL			26. PI	ACE OF DEATH (Ch	eck only one)					
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OT 4	HER:	a 5 Realdence	8 Other (S	Specify)				
Ħ	27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. T	IME OF	28c. IHJ	URY AT	28d. DESCF		NJURY O	CURED		
	1 Natural 5 Pending		17)	NJURY		FIK? (ES 2 NO						
ED BY	2 Accident sincesting 3 Builcide & Could r 4 Homicide determi	28e. PLACE OF IHJU building, etc. (6	JRY — Al home, larm Specify)	, street,	lactory, offic	•		OH (Street : Town, State)		or or Rural	Route Number,	
ᇦᅵ	MA. CENTIFIER											
COMPLETED	(Check only	PHYSICIAN: To the best of my ki									(a) and menner a	a stated.
BE C	BIS SIGNATURE AND TITLE OF CE	milen (	11			29c. LICENSE HUI	MBER		29d. DA	TE SIGNE	D (Month, Day, Ye	ar)
<u>မှု</u>	30. NAME AND ADDRESS OF PERS	ON WIND COMPDETELY CAUSE OF	Tho, M.	Da Price		10194	117			2/3:	3190	
	DIANA H.	ORIFHIDE	Sunday D	po, riint	700(	ATON !	tue.	R	MAN	1	5 218	989
	MAY 2 (M5mm) 990)	graha dan Messaman's &	IGNATURE									

6. BIRTHPLACE (State or Foreign Country) W. Va.

5:30Pm

TO THE HOSPITAL OR ATTENDING P TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death i IMPORTANT: If Item 28 Is mar

COMPLETED

BE

2

u.		1 - FOR STATE REGISTRAR	STATE OF MAR		DEPARTM ERTIFICA				YGIENE EG. NO.		1 of tea
		1. DECEDENT'S NAME (First, Middle, Last)  Vergie	н.	Royo	ce			2. DATE OF D	EATH DAY 24	/ YEAR	3. TIME OF DEATH  5:30
9		4. SOCIAL SECURITY NUMBER 716-03-2289	1 □ M 2 🗼 F	GE (In yrs. les	YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, Aug.	75-ar) 2,189	Country	
, 3 should	<u>۳</u>	9a. FACILITY NAME (If not institution, give s 9654 Dundawa:			9b.		or location of de Lmore	EATH		Balti	
Pages 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			10c. CITY, TO	WN OR LOCA					10d. INSIDE CITY
permit. Pr	AL DI	Md. Bal 100. STREET AND NUMBER	timore		Bal	timo:	r e		10g.	CITIZEN OF W	1 YES 24 THO
sit	FUNER	89 Western A					26505			USA	
203-3146  or attending physician.  use as the burial-transit	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 K NO			If yes, sp	CENDENT OF HISPAN Hecity Cuban, Maxica 3 2 TONO Specify	n, Puerto Rican,		s or No-  14. RACE — American Indian, Black, White, etc.  Specify:  White	
8 2	LETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) Collage (1-4 or 5+)	/G	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			18b. KIND OF BUSINESS/INDUSTRY			
AND Z the hospital detached for	COMPL	N/A  17. FATNER'S NAME (First, Middle, Last)	N/A		Hom	emake	16. MOTHER'S NA	ME (First, Middle		Home	
2 2 E	HI	Arkimedes	Zin				Isab	elle I	awren	ce	
be retained to ge 5 should a notified	2	19a. INFORMANT'S NAME (Type/Print)  Norma Rowan		19			awan Rd				236
Page 6 may be all director, page		20a. METHOD OF DISPOSITION 1 General 2 Gremation 3/GMarr 4 Donation 5 Other (Specify)	other pl	OF DISPOSITIO	N (Name of ce	metery, crematory or Cemete:		20c. LOCATION	l — City or To		
ALL funers		21. SIGNATURE OF FUNCTION DETIVICE LI	Livia	0.11	., .	22. NAME A Scl	nd address of fa	Funer	al Ho	me Ir	ic.
filled in by the		23. PART I. Enter the diseases; or ahock, or heart failure.	complications that ca Liet only one cause of	on aech line	).	enter the mo	ode of dying, auc	h ae cardiac	or reapiratory		Approximate interval Betwoonset and D
h certificate be execute and conding physician and control Hygiene prior to burian or other traumatic	CATION	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  Metry / Tatic in traabourul (uncer of):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
requires that the deen signed by the of Health and Mer	MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pro							WAS AN AUTOF PERFORMED? YES 2 NO		WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
has has	Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Ch	eck only one)			
SICIAN: The Certificate of the State	HYSI	1   YES 2 DNO	1 Inpetient 2 ER		28b. TIME OF		ne 5 Assidence		ecify) BE HOW INJURY	OCCUPED	
PHYSICIAN Tribis certifinal Think the Sarked. or	Y P	1 Natural 5 Pending	(Month, Day, Y	ear)	YRULNI	W	YES 2 NO	230. DEGONIE	L HOW INSURT	COCONED	

15. DECEDENT'S EDU (Specify only highest grad	ICATION a completed)	(Give kind of work	(Give kind of work done during most of working			18b. KIND OF BUSINESS/INDUSTRY			
Elamentary/Secondary (0-12) N / A	Collage (1-4 or 5+) N / A	Ilfe. Do NOT use ret	nemaker			Own Hon			
17. FATNER'S NAME (First, Middle, Last)	N/A	11011		16. MOTHER'S NAME (First, Middle, Melden Surneme)					
Arkimedes	Zin		10.1			awrence			
19a. INFORMANT'S NAME (Type/Print)	2111	19b. MAILING ADI	PRESS (Street and Nu			ty or Town, State, Zip Coo	de)		
The second second						o. Md. 2		6	
Norma Rowan		20b. PLACE OF DISPOSITION			Dail	20c. LOCATION — City	_		
1 Burial 2 Cremation 3 Ram	novel from State	other place)			.				
21, SIGNATURE OF FUNCEAL SERVICE LI	CEMBEE	Shays Ch	22, NAME AND AD			Tunnelt	.011,	w. va.	
> Spian D.	Luis		Schim	unek F	uner	al Home Balto,			
23. PART I. Enter the diseases, or	complications that ca	wead the death. Do not						Approximate	
ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cause	on aech line.						interval Between Onset and Death	
_	2/2	nwe Juk	abun	1					
Sequentially list conditions, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or injury that initiated events resulting in death) LAST									
PART II. Other algnificent condition	ns contributing to de	ath but not resulting in ti	na underlying cau	se given in Par		WAS AN AUTOPSY PERFORMED? ] YES 2 1 NO	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			28. PLACE (	F DEATH (Check of	only one)				
EXAMINER?	HOSPITAL:	VOutpatient 3 DOA 4 D	HER: Nursing Home 5			relfu)			
27. MANNER OF DEATN  1 Natural 5 Pending Investigation	28a. DATE OF INJ (Month, Day, )	URY 28b. TIME OF		T 26		E HOW INJURY OCCUR	ED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN building, etc.	JURY — At home, farm, atree (Specify)	t, factory, offica	28	Of LOCATION	(Street and Number or i vn, State)	Rural Route	Number,	
(5775577 5777)		knowledge, death occurred a						d manner as stated.	
206. STOMATURE AND TITLE OF CERTIFIE	lyery		290	2510	2	29d. DATE SI	IGNED (Mo	rith bey, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Neil Goldberg, 7600 (Plant Drive Towson, Maryland 21204									
MAY 5 199 (Par)	THE WAR WHEN S	SIGNATURE -							
								DNMN-16 Rev 1/8	

FOR STATE REGISTRAR

3. TIME OF DEATH 8:20 AM

REG. NO.

2. DATE OF DEATH MONTH

		4. SOCIAL SECURITY NUMBER 17		(In yrs. last bir	thday) IF UNE	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Pay 7 08/24/9	TH (6ar) 25	Country)	NCE (State or Foreign		
should	_	9e. FACILITY NAME (If not institution, give s	street end number)		9b. Cl	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
1, 2, 3	CTO	DEATON MEDICAL CENTER BALTIMORE											
nit. Pages	DIRECTOR		timore Co.	10	WOOC	i on Locat l1awn	TION			1 [	d. INSIDE CITY LIMITS?  YES 2 X NO		
nasit permit.	FUNERAL	6 Wyndmoor Plac	ce			10f	2120	7		U.S.A.	COUNTRY?		
ding physician.	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	1	If yee, ep-	ecity Cuben, Mexico	en, Puerto Ricen, e		14. RACE — Black, W Specify: Whit			
pital or attending ed for use as the -664 6-2	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th	CATION o completed)  College (1-4 or 5+)	(Give A	DENT'S USUAL kind of work do NOT use retired	ne during mo i.)	st of working		of Business/IN	BUSINESS/INDUSTRY			
d by the hospital id be detached to FH G-6 d at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) George	Henry Willia	-	,cory (		18. MOTHER'S NA	AME (First, Middle, I argaret	Maiden Surname)		ese		
bage 5 should be notified	10	190. INFORMANT'S NAME (Type/Print)  Victoria Abel		19b. M			ing Fox				land 21057		
ector,		20e. METHOD OF DISPOSITION 1	noval from State	other place)	o Crema		metery, crematory or		Catons				
funeral IT Examin		21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Md 21211  23. PART I. Enter/fine diseases, or complicet/ghs that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate											
eath certificate be executed within 24 hours after attending physician and completely filled in by the rital Hyglene prior to burial, cremation, or removal Y, or other traumatic event, the medical	CERTIFICATION	ahock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  LULIUM AS A CONSEQUENCE OF:  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):											
v requires that the d been signed by the t. of Health and Me shows any injur	MEDICAL	O elevente z Tr ozmer lran 1 ves 2 No OF									ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO		
H 9 8 E	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tpetient 3 🗆	DOA 4 🗆	ER:	LACE OF DEATH (C		ffy)				
NG PHYSICIAN: The fler this certificate h sath with the State I marked, or Item	BY PHYSIC	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		8b. TIME OF INJURY	WC	JURY AT DAK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED			
L DR ATTENDING P DIRECTOR: After t hours after death item 28 is man	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, lecify)	, farm, street,	lactory, offic	:0	28f. LOCATION City or Town	(Street end Numb a, State)	er or Rural Rout	e Number,		
₹ ₹ ₹ ₩	ZC =   S   One) a   MEDICAL EVALUATION On the healt of appropriate profession and the last of the last										nd manner es stated.		
TO THE HOSP! TO THE FUNEF De filed within IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	X Troin	she	<i>△</i>		29c, LICENSE NU	IMBER /	29d. D/	ATE SIGNED (M	onth, Day, Year)		
		30. NAME AND ADDRESS OF PERSON W	J. Aro	WH	(Type, Print)	84	oh.	Car	you	20	47		
		31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIG	INATURE Cotonda SE					0				

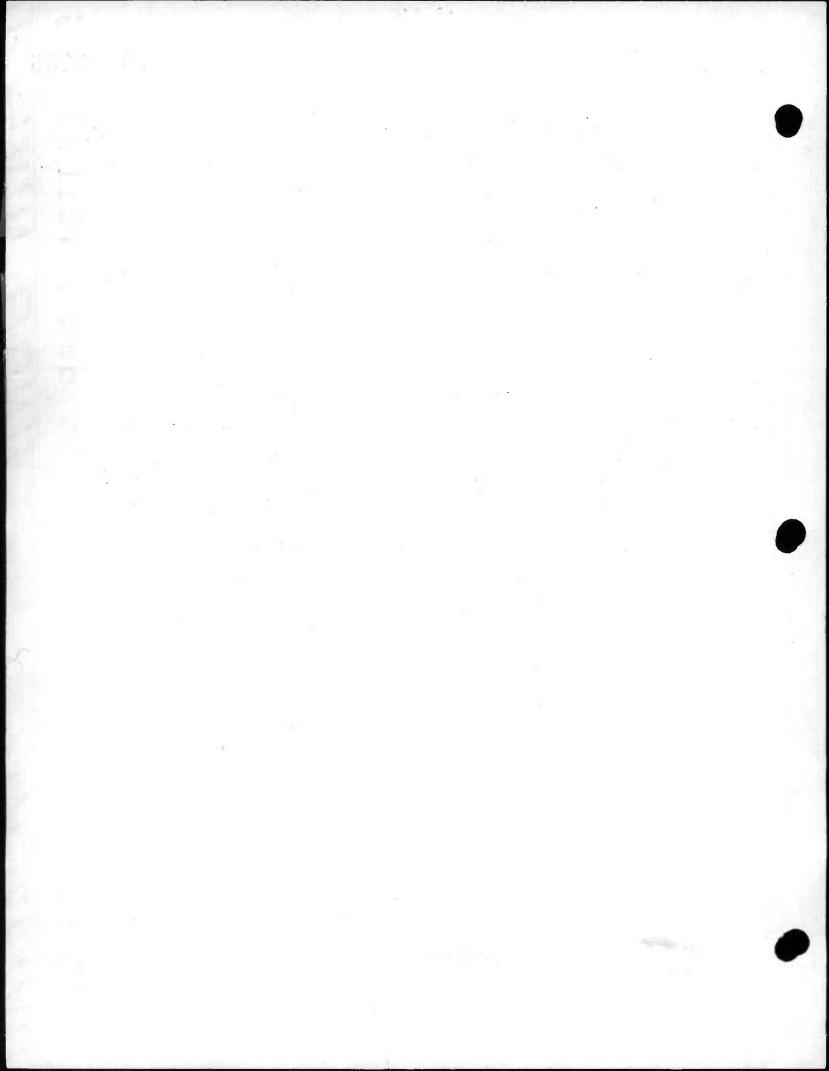
. . . .

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

14205

DHMH-16 Rev 1/89



## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL DECODOR D O BOY 12146

	5
	thin 2
2140	xecuted w
<	e e
	rtificate
ŗ	eath ce
Ď	the d
5	that
	requires
	WE
1	The
2	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TIO
$\leq$	B
_	PLIA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPAR	RTMENT	0F	HEALTH	<b>AND</b>	<b>MENTAL</b>	HYGI	ENE
			ERTIF	ICATE	OF	DEAT	TH		REG.	NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			NTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. T	IME OF DEATH		
	VERNON HAGE	RT SMICK SR				MONTH DA	1990	2010/01/2	·25 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 X M 2 F 72 YRS. 72 YRS. 72 YRS. 73 DAYS HOURS MIN. 72 30 1917										
	213-03-5734  9a. FACILITY NAME (If not institution, give si	OF DEATH	Md.								
DIRECTOR	G.B.M.C6701 N.	•			RE, MD 21		BALTIMORE COUNTY				
E	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								. INSIDE CITY LIMITS?		
	MARYLAND BALTI	MORE COUNTY	PHOEN	7	ZIP CODE		1 VES 2 NO				
FUNERAL	9 SUNNYVIEW DRIVE			100	1131		10g. CITIZEN	UF WHAI	COUNTRY		
S	11, MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC	ENDENT OF HISPANIC		or No — 14.	RACE - /	American Indian,		
	1 Never Married 2 Merried	FORCES? 1 VES			ecify Cuban, Maxican, I 2 NO Specify:	Puarto Rican, atc.)		Black, Wh Specify:	ilte, atc.		
D BY	3 Widowed 4 Divorced	W.W. II		l		T		VHITE			
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	JAL OCCUPATIO done during mo	N st of working	16b. KIND OF BU	SINESS/INDUST	'RY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Roofer	in od.y		Colf	Employ	د			
MO	17. FATHER'S NAME (First, Middle, Last)		ROOTEL		18. MOTHER'S NAME			ea			
0	Frank Smick Sr.				Marie	Hagert	1,000				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street a	nd Number or Rural Rou		n, State, Zip Co	de)			
٩	Helen L. Smick		9 Sun	nyview	Dr. Phoen	nix, Md.	21131				
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	other place)	ON (Name of cen	netery, crematory or	20c. LC	CATION — City	or Town,	State		
	4 Donation 5 Other (Specify)		Dulaney Va				keysvi	lle,	Md.		
d	21. SIGNATURE OF FUNERIAL SERVICE LIC				D ADDRESS OF FACIL						
$\Delta$	Homen	· Hold		6415	Belair Rd.	. Balto.,	Md. 2	1206			
	//	complications that cause List only one cause or e	d the death. Do not each line.	enter the mo	de of dying, such a	as cerdiac or reep	fratory arrest	,	Approximate Interval Batween Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cand	ar and	rt-					Oliset slid Deetil		
ı	roosing in doutry	OUE TO (OR AS A	A CONSEQUENCE OF):		f T						
N	s. OUE TO (OR AS A CONSEQUENCE OF):  Lug C Cand Lu Lufan C Trans  Sequentially list conditione,  DUE TO (OR AS CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediats cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS /	A CONSEQUENCE OF):								
F	resulting in death) LAST	d						ļ			
	PART II Other elevitions condition	e contribution to death I		har constructor	I- Po						
B	PART II. Other significent condition	<u></u>	out not reaulting in t	ne underlyin	g ceuee given in Pi	ert i. 24a. WAS AF PERFO		AVA	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE		
MEDIC	11 ma for	Juna				_ 1 _ YES	2 -110	DF	DEATH?		
Σ						-		1 [	YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Check	k only one)					
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2 X ER/Out		THER:	ie 5 🗆 Residence 8	Other (Specify)					
높	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT 2	ed. OESCRIBE HOW	INJURY OCCUP	1EO	- 3		
BY	1 Return 5 Pending 2 Accident Investigation	(	70.00		YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stre- cify)	et, factory, offic	• 2	281. LOCATION (Street City or Town, State		Rural Route	Number,		
	29a. CERTIFIER								/		
COMPLET	one)	ER: On the best of my know ER: On the basis of examination							d manner as atated.		
ы С	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUMB	ER (	29d, DATE S	IGNED (Mc	orith, Day Year)		
0	Jame 4-4	wan' L			81	5561	•	5/2	4/90		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)	1 0	Rola	(.	1 -	/3 /4		
	31. PATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		Cha	nler St,	1) and	, mo	1 7	-(111		
	MAY 25 1990 du	la Davidson- Mark	LIE								

10 HR HUSPING, PRINCIPLY PRINCIPLY, The law requires that the event removes the event removes which the event removes the event removes the event removes the provided by the institution of the event removes the event removes the provided by the provided by the event of the even	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	r
	HE FURSPIAL DR ATTORIGHM. THIS CHINGRAID THE SAME REQUIRES UND THE BEGIN CONTINUED TO A MAN THE FURSPIAL OF A MAN TO A MAN THE SAME SAME AND THE SAME SAME AND THE SAME SAME AND THE SAME SAME AND THE SAME SAME AND THE SAME SAME SAME SAME SAME SAME SAME SAM	jes 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA			MENTAL	HYGIEN	E		1 1 6	. 0	
	1. DECEDENT'S NAME (First, Middle, Last)	1 × 5 < 1	1	11		2. DATE (	OF DEATH	13/8	EAR 3.	TIME OF DEATH	A	
	4. SOCIAL SECURITY NUMBER		rrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	DE BIRTH	7/7	BIRTHPL	AF (State or English		
	217-07-2769	1 🔀 M 2 🗌 F	70 yrs. MO	HITHS DAYS	HOURS MIN.	(Month)	Day, Year) 2/20		Country) Mar	yland		
DIRECTOR	Pa. FACILITY NAME (If not institution, give st. Hom Ewood Hespi	19 to 1 Center	91	Baltin	R LOCATION OF DI	EATH		9c. COUNTY	OF DEAT	TH		
디디	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10e CITY T	OWN OR LOCAT	ION				10	10d, INSIDE CITY		
E	Maryland			1timore						LIMITS?		
	10e. STREET AND NUMBER		Da		ZIP CODE			100 CITIZED		T COUNTRY?		
FUNERAL	520 W. 27th Stree				21211			U.S.				
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U. FORCES? 1 XXYES			ENDENT OF HISPAN Helfy Cuban, Maxica			or No- 14	. RACE — Black, W	American Indian, fhita, atc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 TYES	2 XNO Specif	y:			Specify:	White		
	15. DECEDENT'S EDUC	CATION 16	Ba. DECEDENT'S US	UAL OCCUPATION	N .	16b.	KIND OF BUS	INESS/INDUS	TRY	WILLEC		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo.								
7	9th Grade	Conego (1-4 of 5 +)	Nursing	Home A	ttendan	t	Nursi	ing Ho	mes			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	liddle, Malden	Surname)				
BE C	George E. Sellman				Kath	erine	Welsh	n				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Numb	er, City or Town	n, State, Zip Co	ode)			
2	Mrs. Mary Sellman	1	2012 H	illside	Drive	Balt	imore	, MD	2120	7		
	20a. METHOD OF DISPOSITION 1 Durial 2 □ Cremation 3 □ Remo	20b. Pf	LACE OF DISPOSITI	ON (Name of cen	netery, cremetory or			CATION — City				
	Donation & Office (SAcity) Lorraine Park Cemetery Woodlawn M											
	21. SIGNATURE OF PUNERAL MERVICE LIC	EMBER .			D ADDRESS OF FA		o1 D4.		о T	20		
	b John A	MMA		,	Byers I						2	
	23, FART & Enter the diseases, or o	complications that caused the	ha death. Do not	enter tha mo	da of dying, suc	h as card	lac or reapi	ratory arrea	t,	Approximate		
	shock, or heert failure. I	List only one cause on each	h line.							Onaet and D		
	desso or condition  a. Cardiaglus Stack											
	DUE TO (OR AS A CONSEQUENCE OF):											
z	Sequentially flat conditions.  De act Mys cardial Infanction											
음	if any, leading to immediate											
2	cause, Enter UNDERLYING CAUSE (Disease or Injury											
발	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):									
CERTIFICATION	Todatang in dealing End	d								ļ		
AL C	PART ii. Other algnificant condition	s contributing to deeth but	not resulting in t	tha underlying	cause given in	Part i.	24a. WAS AN			ERE AUTOPSY FINDI	NGS	
							PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUS	SE.	
ᇤ							1 169 2	NO		F DEATH?		
2										_ 120 2 _ 1.10		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only on	D)					
Sic	EXAMINER?  1 TYES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpetic		THER:	e 5 🗆 Rasidence	6 Other	(Specify)					
Ŧ	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ		1		NJURY OCCUP	RED			
BY F	1 Natural 5 Pending 2 Accident Investigation	(World, Day, rour)	Moon		ES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	A1 home, farm, stre	et, factory, offic		281. LOCA	ATION (Street I	and Number or	Rural Rour	te Number,		
	4 Homicide determined					1,50						
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	ge, death occurred a	at the time, data	and place, and due	to the cau	se(a) and mar	nner as stated.				
NO	one)	R: On the basis of examination a								nd manner as state	ıd.	
E C	296. SIGNATURE AND TITLE OF CONTIFIER				29c, LICENSE NU	MBER		29d. DATE S	SIGNED (M	fonth, Døy, Yber)		
00	human hal	e i unn			1156	98		1 5	1/2	2/90		
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Py	int)	0	10				1		
	MARCOS GA	rcicia v		mewse	& Hasp	7/6	enter.	South	Bo,	1+. Ml		
	31. DATE FILED (Month, Day, Year) MAY 9 5 1990	32. REGISTRAR'S SIGNAT	moule.					/				
	ו וווווו של וחווו	di										

	C
ó	within
3	executed
<	2
C C	certificate
7.	death
S	the
Ę	that
ECC C	requires
1	WE
⋖	The same
7	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 13146	TAIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	E
	TA

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEA	ALTH AND MENTAL HYGIENE
CERTIFICATE OF D	DEATH REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH	YEAR.	3. TIME OF DEATH
BECKY L	ynn STALLS				05 24		
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign untry)
210 30 0000	1 D M 2 KF 32	YRS.			8/13/57		N.C.
9e. FACILITY NAME (If not institution, give stre		3		OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
THE JOHNS HOPKI	NS HOSPITAL		BALTI	MORE		BALTIM	ORE CITY
10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
N.C.		Gre	ensboro	. ZIP CODE			1 X YES 2 NO
7722 Stonewood Dr	ivo		101	27405		1227	WHAT COUNTRY?
	1 V C	U.S. ARMED	13. WAS GEO		IIC ORIGIN? (Specify Yee	or No— 14, BA	CE — American Indien,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica 2 NO Specify	n, Puerto Rican, etc.)	Bit So	eck, White, etc.
3 Widowed 4 Divorced		Х		X		Whi	ıte
15. OECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of wo	vk done during mo	ON ost of working	16b. KINO OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		ered Nu	rse	1		
17. FATHER'S NAME (First, Middle, Last)			0.00		ME (First, Middle, Maiden	Surneme)	
J.B. White				Carol	yn Wilkers	on	
19e, INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
Carolyn White					Greensbor		
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remove	ral from State	other place)				CATION — City or	
4 Donetion 5 Other (Specify)		Green Mou		NO ACCRESS OF FA		cimore,	Maryland
▶James F. Gladd	en Jemes J. A	Hedden	Leon	ard J. R	uck Inc. 5	305 Hart	ford Rd. 2121
23. PART I. Enter the diseases, or co shock, or heart fellure. L			ot enter the mo	oda of dying, suc	h es cardiec or respi	ratory arrest,	Approximata interval Between
IMMEDIATE CAUSE (Finei	26 . 100		`				Onset and Death
disease or condition resulting in death)	Intrace	resmi	hemor	rhage			48 hrs
	Due to (or as a	CONSEQUENCE OF)	·	1	1.0		70
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF	· Caoasc	Cory	V-2 000		1 may 5
cause. Enter UNDERLYING CAUSE (Disease or injury	Pseidir	CONSEQUENCE OF	ticemen			7 days	
that initiated events resulting in death) LAST	DUE TO (OR AS	( CONSEQUENCE OF)	:				
d.							1
PART ii. Other aignificent conditions	contributing to death I	out not resulting in	the underlyin	g cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Chrome mych	ogenous leville	me			1 YES 2	Delvo	COMPLETION OF CAUSE OF DEATH?
ey to megalorisa	is preumon	<u> </u>			—		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:		OTHER:		6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	,
1 Netural 5 Pending Investigation	(inertal, bay, real)			YES 2 NO			
3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, etc. (Spe		reet, fectory, offi	ce	28f. LOCATION (Street of City or Town, State)	and Number or Run	rei Route Number,
200 CERTIFIER							
(Check only	:On the basis of examination						se(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CENTIFIED	1	7		29c. LICENSE NU	MBER	29d. DATE SIGN	4ED (Month, Day, Year)
atort O. Van	v Land			D 2650	6	1 Men	24, 1990
30, NAME AND ADDRESS OF PERSON WHO	, )	h		1- 11	60 0	It imore	4.0
JU PATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	The 10	mas Nov	oking 1405	pital ba	"Cimore	(MV
MAY 25 1990 Julia	Devidson-Rande	200					

00977 11

and the second of the second

tained by the hos	should be detache		tified at once.
1. Page 6 may be re	iral director, page 5		niner must be no
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL OIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	tion, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
a be executed within	siclan and completely	nor to burial, crema	traumatic event,
the death certificate	y the attending phys	d Merital Hygiene p	Injury, or other
e law requires that	has been signed by	Dept. of Health an	n 23 shows any
NG PHYSICIAN: TR	fter this certificate	eath with the State	marked, or Iter
ITAL OR ATTENOR	PAL OIRECTOR: A	72 hours after de	Il Item 28 is
TO THE HOSPI	TO THE FUNES	be filed within	<b>IMPORTANT</b>

JORGE W.

MAY 25 1990

RAMIREZ,

M.D.

	6-1-90 cm							90 1420	
	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI		MENT OF HI		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) NELLIE J. SCONES		16			2. DATE OF DEATH DATE OF 20	v yı	3. TIME OF OEATH 0 6.20 A M	
	214 01 7261	1 □ M 2 DEF 84	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-21-19	06	BIRTHPLACE (State or Foreign Country) Pennsylvania	
TOR	99. FACILITY NAME (If not institution, give stre NORTH ARUNDEL HOS RESIDENCE OF DECEDENT			GLEN BI	JRNIE	ATH	9c. COUNTY		
DIRECTOR	10e. STATE 10b. COUNTY	Arundel		, town on Locati	ON			10d. INSIDE CITY LIMITS?  1  YES 2 NO	
	10e. STREET AND NUMBER  2 Silver Circ		1 20		ZIP CODE 21122			U.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	<b>™</b> NO	If yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)		RACE — American Indien, Black, White, etc. Specify:	
	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	L DECEDENT'S I	USUAL OCCUPATIO ork done during mos a retired.)	N t of working	16b. KIND OF BU	SINESS/INDUS	White	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife			me Mak	er	
BE CO	17. FATHER'S NAME (First, Middle, Lest) CHARLES CLEVELAND	Ruckel			LOTTIE M	ME (First, Middle, Meiden MCHAFL	Surname)		
TO E	190. INFORMANT'S NAME (Type/Print) William Mahler			ADDRESS (Street at		Route Number, City or Townsadena, M		1 1	
	20e. METHOD OF OISPOSITION  1   Burlel 2 Cremation 3 Remon  4 Donation 5 Other (Specify)	rel from State (8)	rer olece)		etery, cremetory or orial Par	rk Gle	CATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Honel		Georg		nce Funera	1 Home		
	23. PART I. Enter the diseases or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the list only one cause on each	e death. Do n						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO ORI AS A CO	ne	Hear	I {	Julin	e-		
MEDICAL	PART II. Other significant conditions	Part I. 246. WAS AN PERFOR	RMED7	24b. WERE AUTOPSY FINDINGS. ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
PHYSICIAN:		HOSPITAL:	ACO D C In	OTHER:	ACE OF DEATH (Ch	6 Cher (Specify)			
ву рну	27. MANUER OF DEATH  1 Meturet 5 Pending	Office Of BAJURY (Month, Day, West)	25b. Titel	E OF 28c. INJI		28d. DESCRIBE HOW	INJURY OCCUP	MED	
100000	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF SNJURY — building, etc. (Specify)	At home, ferm, s	dreet, factory, office		28f. LOCATION (Street and Number or Fund Route Number, City or Stern, Stete)			
COMPLETED	(Crieck ovily	IAN: To the heat of my knowledg	27/			200			
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	mun !	11	)	29c, LICENSE HUR	) C /-	29d, DATE S	COMPO (MONTH, THE MONT)	

7845 OAKWOOD RD. #205 GLEN BURNIE, MARYLAND

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		1 1 1	•
	1. DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·				2. DATE OF DEATH		3. TIME OF DEATH	
	SAMUEL	THOMAS	STREE	TT		May 24,	1990	12:15 A	Дм
	Annual Community of the	(Month Dev Year)							
	$216-07-9596$ $XX^{-2}$ $78$ $YRS$							faryland	
_	9a. FACILITY NAME (If not institution, give stree				R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	Good Samaritan I	Hospital	E	altin	nore				
[ [ [	10a, STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION		1	10d. INSIDE CITY	$\neg$
E	Maryland Baltin	more	Tow	son				LIMITS?  1 YES ZYNO	
	10e. STREET AND NUMBER		1 -0		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	$\neg$
FUNERAL	1 Smeton Place	#1005		2	21204		U.S.	Α.	
5		2. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	a or No 14.	RACE — American Indian, Black, White, etc.	
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2/ NO Specify: Specify:								
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S USU	N OCCUPATIO	DN .	16b, KIND OF BL		Nhite	-
	(Specify only highest grade cor	mpleted) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	fone during mo	st of working	100. 74.10 01 00	0		
7	11 Years		Sales Su	pervi	ser	Retai	1 Food	ls	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					WE (First, Middle, Maider			
BE	Samuel Lee		Streett		Katheri	ine	Schne	eider	
일	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural R	loute Number, City or Tox	vn, State, Zip Co	21204	
۲	Ann Louise Stree					005 Tows			
20s. METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify)		ulaney Va	11ey	Memoria	1 Gar.B	alto.C	Co.,Marylan	<u>1d</u>
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	///	Willi	am E.	Johnson,	P.A.Fu	neral Home	9
	Melicon	2.6/1		8521	Loch Ra	aven Blv	d.Tows	son, MD 2120	)4
	23. PART i. Enter the diseases, or cor ahock, or heart failure. Lis	mplications that cause at only sha cause on e	d the death. Do not e	nter the mo	de of dying, such	ss cardiac or reap	iratory arrest	, Approximsta Interval Between	en
	IMMEDIATE CAUSE (Finel	0	100000000000000000000000000000000000000	1	12000	- (0		Onset and Dea	
	disease or condition resulting in deeth)  e. Me taytake Wer a								_
_	DUE TO (ON AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	(1101	~				$\dashv$
CAT	if eny, leading to immediate cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				-		
	resulting in death) LAST								
	PART il. Other significant conditions	contributing to death i	but not resulting in th	e underlyin	g cause given in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDING	GS
CAL					110000000000000000000000000000000000000	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	ε
MEDIC				_		1 _ YES	SPO NO	OF DEATH?  1 YES 2 NO	
						_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)			
SIC		HOSPITAL: I No Inpution 2 ☐ ER/Out		HER: Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		URY AT	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	.=-11			YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree ocity)	t, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,	
									_
COMPLETED	(Check only one) CERTIFYING PHYSICIA								
ő	2 MEDICAL EXAMINER:	On the basia of axamination	on and/or investigation, in	my opinion, d	leath occured at the	time, data and place, a	nd due to the c	ause(a) and manner as stated.	l.
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day,								GNED (Month, Day, Year)	
TO B	Stad 11h	ster YY	10/11	In	-		5	- 24-3C	0
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 22) (36)(36)(36)						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE						$\dashv$

0.18

illed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	e hos	Jetach		once.
	£ 66	pe		at
	etained	should		otified
	pe	ge 5		96
1	Hay	or, pe		ust
1	age 6	direct		E I
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	fter d	the	OVA	al e
	urs a	in by	T rem	redic
	24 NO	filled	0u, 0	he n
	ithin	etely	ешап	nt, t
	w pai	сошо	al, cr	eve
	лээх	and	DOU C	natic
	pe e	ician	100	ranu
	ificate	phys	aue bi	her
	L cert	nding	É	or of
	death	e atte	emai	ury,
	if the	by th	M Du	im /
	s tha	paul	aith a	an)
	equire	en sig	of He	how
	ME!	as be	ept.	23 \$
	The	ate h	ate U	еш
	CIAN	ertific	he Si	-
,	HYSH	his ce	É	(eq
	NG P	fter t	eath	mar
	END	DR: A	ter d	8 18
	A ATT	RECT	urs an	m 2
i	AL OF	0	2 1101	If ite
	SPIT	NERA	thin 7.	NH:
	E HO	IE FU	iw be	HTA
	TO TH	TO TH	be filed within 72 hours after death with the State Dept. of Health and Merial Hyglene prior to bunal, cremation, or removal.	IMPC
			_	

BY

BE COMPLETED

2

3 Suicide

											90		4211
	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTAL HYGIE				
	1. DECEOENT'S NAME (First, Middle, Last)		CI	-11111	ICATE	- 01	DEA		REG. NO	J.		2 TIME (	OF DEATH
		tomer	STA	68.	5				MONTH	DAY	YEAR		:51 M
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. les		IF UNDER	1 VEAR	IF UNDER	24 HPS	5 18 9	0	6 BIRTI		ate or Foreign
	216 30 1950	58	YRS.	MONTHS	DAYS	HOURS	MIN.	12 19 193	1	Count M	try)	ale of Poleign	
	9e. FACILITY NAME (If not institution, give s					R LOCATI		EATH		UNTY OF E			
8	Sacred Heart H	lospital			Cu	mber	land			A	llega	any	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT			40. 017	Y. TOWN C							10d, INSI	
DIRECTOR	Md. Alle	•			wlin		ION					LIMI	
됩	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT								WHAT COU	NTRY?			
8	Route 3, Box 56 21557 U.S.A.									. •			
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — A FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  14. RACE — A Bleck, Whi								E — Americ	can Indien,			
									Spec		IC.		
ВУ	3 Wildowed 4 Divorced Korean White								hite				
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. December (No. 1) (Give kind of work done during most of working life. December (No. 1) (Rec. 1)												
COMPLETED	Coating Department   Paper Manufactur								ring				
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)			
BE (	John E. Stag	gs					Lo	rena	G. I	ser			
10 E	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	S (Street a	nd Numbe	r or Rural i	Route Number, City or To	wn, State, Z	(ip Code)		
=	Joy L. Staggs			RD 3	Воз	x 56	RA	wlin	gs, MD 2	1557			
	20a METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Ram	ovel from State	20b. PLACE other pl	OF DISPO	SITION (Na	me of cen	netery, crer	natory or	20c. I	OCATION -	- City or T	own, State	
	4 Donetion 5 Other (Specify)									wling	s, M	D 2	1557
	21. SIGNATURE OF MUNEHAL SERVICE-LI	CENSEE	()	22. NAME AND ADDRESS OF FACILITY  Rotruck Funeral Home									
	1 having K	trul	{		Ro	otru 5 S.	ck F Mai	uner n St	al Home reet Key	ser,	WV	26726	5
	23. PART I. Enter the discess, or shock, or heart feilure.	complications thet	caused the de	ath. Do									proximete
	Shock, or meant tellure.  IMMEDIATE CAUSE (Fine)	List only one ceus	e on each line	ð.	2.5	. /	1	/					erval Between set and Deeth
	dieeese or condition	Acuto	My	Ca	Alea	0 1	26	110	Tim			1	
)	resulting in deeth)	DUE TO (C	OR AS A QUINSE	QUENCE O	IF):	40	1/1	VVC	1/1			-1-	
2	-	. Sever	1 8	chan	ne 1	CA	Upla	on	wabath	U		I	
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (C	OR AS A CONSE	QUENCE O	F):		-	- /	14/1				
&	ceuse, Enter UNDERLYING	£						0	0			-	
<u>ii</u>	CAUSE (Disease or injury that initiated events	DUE TO (6	OR AS A CONSE	QUENCE C	P):								
	resulting in deeth) LAST	d.										- 1	
. – 1	PART ii. Other significent conditio	ne contributing to a	leath but not	an multimer	In Abril			mlumm Im	Don't Loss was		. 1	- were at	TOPSY FINDINGS
<u>X</u>	O MAS	() al of	To a local modern of the l	nal	1	a.	Cause	given in	PERF	ORMED?	- 1"	AVAILABL	E PRIOR TO
								OF DEATH					
×	1   YES 2   NO								3 2 NO				
ÿ													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF C	DEATH (Ch	neck only one)				
1SI	1 TYES 2 NO	1 Inpatient 2	ER/Outpetlent	DOA 🗆			e 5 🗆 R	aeldence	6 Other (Specify)				
표	27. MANNER OF DEATH	28e. DATE OF I (Month, Day	NJURY (, Year)	28b. TII	ME OF	28c. INJ WC	URY AT		28d. DESCRIBE HOV	INJURY O	CCURED		
<u>×</u>	1 Natural 5 Pending 2 Accident Investigation		0.000		М		YES 2 [	NO					

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date end place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of exami

29b. SIGNATURE AND THILL OF CENTURAL 29d. DATE SIGNED (Month, Day, Year) 8

OMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Wagoner, MD 925 Bishop Walsh Dr. Gary L. Cumberland, MD 21502

28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

32. REGISTRAR'S SIGNATURE Taindron- Handelle

S Could not be determined

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

11311 75

1270.00

the	deta	9
6	2	150
ned	pond	Red
reta	SS	noti
be l	300	De I
E	J. D	121
9 9	recti	Ē
Z.	ig di	Iner
earth.	A.	(am
p Ja	the f	6
s aft	A DE	dica
hour	Di bo	E
24	High.	the
thin	ema	nt,
- ₹	i cr	20
scute	nd or	ific
93	10	m n
te D	Sick	5
lica	PH BHE	ner
Cert	Paris Lygik	r ot
eath	atter ntal	y, 0
he d	Mer	i
nat ti	and	y li
the th	gned	\$ 3
quir	of He	MOK
W Te	pe pe	3 8
he la	Pas De	H 2
Z.	Stat	<u>=</u>
SICIA	the	0
HYS	with	ked
NG	ter dath	mar
Q	A: A	69
A E	E #	200
DR	DIRE	tem
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detable filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
SPI	NER	H.
E H	E F	HTA
H	五号	2
7	23	=

	1 - FOR STATE REGISTRAR		STATE OF N					EALTH AND DEATH		TAL HYGIEN	_	30	14616
	1. DECEDENT'S NAME (First, ROBE)		Wi	LSON		Smi	TH		2. D	ATE OF DEATH	20	YEAR 90	11-05 p m
	215-24-6	+799	5. SEX 1 M 2 F	6. AGE (In yrs	· lest birthday) YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	CA	ATE OF BIRTH Month, Day, Year)	26	Mar Mar	yland
DIRECTOR	90. FACILITY NAME (If not in SINA)	HOSK	PITAL			B	-0.	TIMOR			9c. COU	INTY OF DE	тн
REC	10e. STATE	10b. COUNTY	1		10c. CI	Y, TOWN OF	LOCATIO	ON				1	IOd. INSIDE CITY
	Maryland				Ba	1timo							XX YES 2 NO
RAI	3722 West		wine Iee	÷				ZIP CODE			1		IAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 X  3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, OIVE V	T EVER IN U.S.	ABMED	lf.	AS DECE	21215 ENDENT OF HISP city Cuban, Mexi 2 NO Spec	can, Pue	HGIN? (Specify Yearto Rican, etc.)			— American Indien, White, etc.
ED	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S					18b. KIND OF BU	SINESS/IN	DUSTRY	Black
COMPLETE	(Specify onl	y highest grade 3-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT L			t of working		Tavern			
BE CON	17. FATHER'S NAME (First, M Charles All		mith							rat, Middle, Maiden Vilson	Sumame)		
TO B	196. INFORMANT'S NAME (									Number, City or Tov			
1	Edythe H. S							dsprin				re, M	
	20a METHOD OF DISPOSIT  1 A Burlel 2 Cremetic  4 Donation 5 Other	on 3 🗆 Rem	oval from State	othe	v place)			etery, crematory o Park	r	20c. LOCATION — City or Town, State Baltimore County, MD			
	21. SIGNATURE OF FUNERA		ENSEE			22, N	AME AND	D ADDRESS OF	FACILITY	Nutter	Fun		Homes, Inc.
	▶ Herbe	u E	· nuct	to		2 B	501 alti	Gwynns Lmore,	Fal MD	lls Pkwy 21216	•		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  PUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CER	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
N: MEDICA	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 100											MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (	Check or	nly one)			
IXSI	1 TYES 2 NO		1 Department 2	ER/Outpatien		4 🗆 Nural	ng Nome	5 Residenc					
6 1	V -	Pending	28e. DATE Of (Month, L	Pay, Year)	28b. TH	JURY M	28c. INJU WOF	JRY AT PK? ES 2 NO	28d.	OEŞCRIBE HOW	INJURY O	CORED	
TED BY	/2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28e. PLACE ( building,	OF INJURY — A	t home, farm,	street, facto			281.	LOCATION (Street City or Town, State		er or Rural Ro	ute Number,
COMPLETED	onel		ICIAN: To the best of										end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE	Ahaa	this H	oure p	hypic	icun	21	29c. LICENSE N NCEI H	TIP!	ital.	29d. DA	TE SIGNEO	Month, Day, Year)
F	30. NAME AND ADDRESS O	elha	HOU	SE OF DEATH	PRICICL	Print)	irci	Horpite	$al_{i}$	Baltie	uore	2 .	1
	31. OANAY 25 1	990 s	32. REGISTRA	AR'S SIGNATUR	E COL				,				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to to	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trauma

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			REG. N	<b>D</b> .	20 1421					
	CHARLES W.		HULZ	_	2. DATE OF DEATH I	25 9	10 1.55 PM					
4. SOCIAL SECURITY NUMBER 213-34-7500	5. SEX 6. AGE		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/18/37	1 "	BIRTHPLACE (State or Foreign Country)					
9a. FACILITY NAME (If not institution,		96.	BALTIM	R LOCATION OF DE		9c. COUNTY	Y OF DEATH					
ST. AGNES HOSP	Ŧ											
MARYLAND I	BALTIMORE		OWN OR LOCATION OF				10d. INSIDE CITY LIMITS? 1  YES 2 1 NO					
100. STREET AND NUMBER 112 MAIDEN CHO			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?					
11.2 PLATIDEN CHC	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	21228	IIC ORIGIN? (Specify Y	es or No— 14	U.S.A.					
1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO		cify Cuban, Maxica	n, Puarto Rican, atc.)		Specity: WHITE					
15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos	N t of working	16b. KIND OF B	USINESS/INDUS	STRY					
Elamentary/Secondary (0-12) 1 2	College (1-4 or 5+)	MANAGER			HOWARD	UNIFO	RM COMPANY					
17. FATHER'S NAME (First, Middle, Las GILMAN SCHULZ				18. MOTHER'S NA ANNA	ME (First, Middle, Meide SNYDER	n Sumeme)						
19a. INFORMANT'S NAME (Type/Print)	SIC.	19b. MAILING ADI	DRESS (Street ar		ONIDER  Poute Number, City or To	own, State, Zip Co	iode)					
ROBERT LIEBNO							MD. 21228					
20s_METHOD OF DISPOSITION 1 \( \overline{\text{XBurlal}} \) Burlal 2 \( \overline{\text{Cremation}} \) Constion 3 \( \overline{\text{Uniform}} \)	Removal from State	other place) OUDON PARK					ty or Town, Stata RE, MARYLAND					
21. BIGNATURE OF FUNERAL SERVICE		Z TAKK	22. NAME AN	D ADDRESS OF FA	CILITY							
Mussell	curste		1630 I	M. & RU EDMONDSO	SSELL C. N AVENUE.	WITZKE CATONSV	FUNERAL HOMES					
23. PART i. Enter the disease shock, or heart fail iMMEDIATE CAUSE (Finel disease or condition resulting in death)	lure. List only one cause on a						Approximate interval Between Onset and Deatl					
Sequentially liet conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST	Sequentially liet conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant con-	1	but not resulting in t	he undarlying	, cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO					
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	AL			ACE OF DEATH (Ch	eck only one)							
1  YES 2 NO	HOSPITAL: 11 Inpetient 2 ER/Out 28a. DATE OF INJURY				8 Other (Specify) 28d. DESCRIBE HOV	W III W OOO!	inco.					
1 Natural 5 Pending	(Month, Dey, Year)	RO INJURY	M 1 1 1	RK?	SEVERE							
2 Accident Investigi 3 Suicide 8 Could re 4 Homicide determin	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree	HOME		281. LOCATION (Stree City or Town, Sta	et and Number or te)	r Rural Route Number,					
one)	PHYSICIAN: To the best of my know											
4 Gould in determine  29a. CERTIFIER (Check only one) 2 MEDICAL EX  29b. SIGNATURE AND TITLE OF CER	- Hirum.			MED R	ESIDENT	29d. DATE :	\$19NED (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSO	HIRUR LAND	EATH (ITEM 27) (Type, Pri	= H	DSPITAL	900C	ATON	AVE BALTING					
31. DATE FILED (Month, De 1990)	gui Fat MEUSTRAR'S SIG						MD. 21889					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALLIMORE, MARTLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	mours after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	led in by the funeral director, page 5 should be detache, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.
1. DECEOENT'S NAME (First, Middle, Last)	ВЕЕ	RTHA G. TURNI	BAUGH		2. DATE OF DEATH MONTH DAY MAY 24, 1990
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)

1. DECEOENT'S NAME (First, Middle, Lest)  BERTHA G. TURNBAUGH  2. DATE OF DEATH MONTH DAY YEAR May 24, 1990  3. TIME OF DEATH May 24, 1990											м		
	217-07-4113 1 M 2 KF 78 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Veer) Dec. 24,1911 Mary 1.									and			
20	9a. FACILITY NAME (If not in 6401 Loch F	9c. COUNTY OF DEATH Baltimore											
DINECTOR	Maryland Baltimore Baltimore 10c. CITY, TOWN OR LOCAT												
LONGUAL	6401 Loch		Blvd., Apt. 206				101. ZIP CODI 2123			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
5	11. MARITAL STATUS  1 Never Married 2 3 X Widowed 4 Olvo			NT EVER IN U.S. I YES 2 (I MAR OR DATES		if yes	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:  White						
COMPLETED	15. DEC (Specify on) Elementary/Secondary (0	by highest grade 0-12)	CATION completed) College (1-4 or 5	+)	DECEDENT'S US (Give kind of wor life. Do NOT use i anager	SUAL OCCUF k done during etired.)	MTION g most of working	g	Stonele			Cafeteri	.a
BE CON	17. FATHER'S NAME (First, M George Davi	is					Ber	tha	E (First, Middle, Malden Shipley				
2	Patricia M.	. Hille	ers			Canter	bury 1	Rd.,	Balto. M		18	Siete	
	1X Buriel 2 ☐ Cremelic 4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA	on 3 🗆 Rem r (Specily)		other	place)	Faith		tery	5/26/90	Over16		11	4
			S.B	oobs,	gr.	To	wson.	Md.	21204			1050 York	: Rđ
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition recuiting in death)	eert feilure.	List only one ce		tive	Hea				iratory arres	it, 	Approximate interval Betwee Onset and Dasi	
CERTIFICATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji- that initiated events resulting in deeth) LAS	ring ury	b. OUE TO	O (OR AS A CON	LY OF	at	hy						
MEDICAL			rellitu					given in P		RMED?	A C	TERE AUTOPSY FINDING: VAILABLE PRIOR TO OMPLETION OF CAUSE F OEATH?  YES 2 NO	В
CIA	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	·		OTHER:	6. PLACE OF D						=
1   YES 2 NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Rasidence 6   Other (Specify)    27. MANNES OF DEATH   26a. DATE OF INJURY   26b. TIME OF INJURY   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   1   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   1   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   1   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   1   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   1   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   1   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   1   WORK?   28d. DESCRIBE HOW INJURY OCCUREO   28d. DESCRIBE HOW INJURY OC													
28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number										rte Number,			
COMPLEIED	(Check only								o the cause(a) and mi			ind manner as stated.	
TO BE	29b. SIGNATURE AND TITL	>	7_	n	1)		29c. LIC	3 4	145	29d. DATE	SIGNED (A	Aonth, Pay, Year)	
	Scott Riski	n, M.D	., 2 Par	k Cente	r Ct.,		gs Mil	ls. M	ld. 21117				
	MAY 25 199	10 fu	32. REGISTA	AR'S SIGNATUR	E	1 3 4							

PHYSICIAN: The law requires that the death certificate be executed within an industrial after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by	be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If item 28 is marked, or item 23 shows any

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.				
1. DECEDENT'S NAME (First, Middle, Las ELSIE	ELSIE SOF	PHIE TARL	CON		2. DATE OF I	DEATH DAY	YEAR 90	3. TIME OF DEATH  2 370 M		
4. SOCIAL SECURITY NUMBER 214-01-1252 98. FACILITY NAME (If not institution, give	1 □ M 3/X F 9	7 YRS. M	ONTHS DAYS	HOURS MIN.	7. DATE OF E (Month, Da June	2, 1892	Country)	LACE (State or Foreign		
MERIDIAN MU	LTI- MEDICAL		Tows				-	THORE		
MARYLAND E										
10e. STREET AND NUMBER  7700 YORK  11. MARITAL STATUS  1   Never Married 2   Married	RD		101.	2120°	4	10g. Cl	10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 \( \subseteq YES IF YES, GIVE WAR OR DA	XXNO	If yes, spe	NDENT OF HISPAI city Cubers, Mexica NO Specif	in, Puerto Ricar		14. RACE - Black, Specify.	American Indian, White, atc.		
ts. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	DUCATION  iide completed)  College (1-4 or 5+)	life. Do NOT use	rk done during mos			o of Business/in				
John Frederick	Bees				ME (First, Middi uise	e, Maiden Surname)				
19a. INFORMANT'S NAME (Type/Print) Robert B. Shau	ck					olty or Town, State, Z Maryla		212		
209 METHOD OF DISPOSITION  1 Nouriel 2 Cremetton 3 Re  4 Donatton 5 Other (Specify)	amoval from State	PLACE OF DISPOSITE Other place)	ION (Name of cent	etery, crematory or		20c. LOCATION -	- City or Tow			
21. SIGNATURE OF FUNERAL REPORTS  Dennis Ster	Sien Kena hen Xenakis	Ris	22. NAME AN	D ADDRESS OF FA	CILITY			Road 2121		
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. List only one cause on e		T /10	mbor	~			Approximate interval Between Onset and Death  / Clips  / Clips		
PART ii. Other significent condit	ione contributing to death b			cause given in		PERFORMED?  YES 2 NO.		WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatlant 2   ER/Outp	entient 3 🗆 DOA   4	OTHER:	ACE OF DEATH (Cr		pecify)				
27. MANNER OF DEATH  1 Destural 5 Pending Investigation Investigation	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME	RY WO		28d. OEŞCRI	BE HOW INJURY O	CCURED			
		— At home, farm, str	eet, factory, office			ON (Street and Numb own, State)	er or Rural Ro	ute Number,		
onel -	YSICIAN: To the best of my know							and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE STATE OF	R. Welson	4 14T ATH (ITEM 27) (Type, F	Print)	29c, LICENSE NU	MBER 0 39	29d. D/	THY	Month, Day, Year)		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								
APR 25 1990 3	La tridera Broke	<u> </u>						OHMH-16 Rev 1/		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HI			GIENE G. NO.	50	17610			
	1. DECEDENT'S NAME (First, Middle, Last)	L. TU	RNER	2		2. DATE OF DE	DAY (	7 0 3. T	005 M			
	4. SOCIAL SECURITY NUMBER 217-52-7460	5. SEX 6. AGE (II	yrs. lest birthday)  40 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	50	Country)	E (State or Foreign laryland			
OR	90. FACILITY NAME (If not institution, give str HOLY Cross	Hospita	1	96. CITY, TOWN OF	SPT1	DEATH  108 MONTSOMERY						
DIRECTOR	10e. STATE 10b. COUNTY	Hannore	10c. CITY				INSIDE CITY LIMITS?  YES 2 X NO					
	10e. STREET AND NUMBER	nos Dill	nue	ensine 101.	ZIP COOE	-	COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 XNO	If yes, spe	NDENT OF HISPAN cify Xuben, Mexicar 2 NO Specify	n, Puerto Ricen,	etty Yes or No—	Cnache	merican Indien, ite, etc.			
COMPLETED E	15. DECEDENT'S EDUC (Specify only highest grade of the state of the st			USUAL OCCUPATION ork done during most petired.)  r Specia	t of working	16b. KIND	OF BUSINESS/IND		Tuck			
	17. FATHER'S NAME (First, Middle, Last) Samuel Turner	!	00pu 00	. 0,00010	18. MOTHER'S NAI		Maiden Surneme)					
TO BE	190. INFORMANT'S NAME (Type/Print)  Joyce B. Turner		1000	001110-011-025			y or Town, State, Zip Marylan		207			
	20e. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Remo		PLACE OF DISPOS	ITION (Name of cem	stery, crematory or		20c. LOCATION —	City or Town,	State			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Mar	yland Na 22. NAME AN	tional N	<u>Иет Рађ</u>	k Laure ch F/H W	<u>l, Mar</u> est	yland			
	► Wiee	e Edmo	7				0 Wabash		e			
	23. PART I. Entar tha diseasas, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	complications that caused List only one cause on se			is of dying, such			eat,	Approximats Interval Between Onset and Death			
_	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	~	- A	71 SCa			21064			
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CALISE (Disease or later)											
CERTIFICATION	that initiated events resulting in desth) LAST	USE (Disease or injury oue to (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	s contributing to death b	ut not resulting i	n the underlying	cause given in		WAS AN AUTOPSY PERFORMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE			
PHYSICIAN: MEDICAL						_   10	YES 2 NO		OEATH? YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)						
/SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	etient 3 XpoA	OTHER:	5 🗆 Residence		cify)					
ву РН	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		M 1 1	RK? ES 2 NO	28d. DESCRIB	E HOW INJURY OC	CURED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		treet, factory, offic	,	28f. LOCATION City or Tox	4 (Street and Number vn, State)	or Rural Route	Number,			
COMPLETED	Check only	ICIAN: To the best of my know							d menner ee stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Syspe	Wubal	his	29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (Mo	nth, Day, Year)			
ļ	DAVID Kes	slep - 76	D Cap	NOH A	Ve TAI	Com A	Park.	MP	20901			
	31. DATE FILED (Month, Day, Year).  5 - 22 - 900 PR	32. REGISTRAR'S SIGN	C. (Bundlest)	la de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania								
		0							DHMH-16 Rev 1/89			

ED V1218

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) BERNAR L	LAWRENCE T	EWEY, SR.	2 1 3990	YEAR 3. TIME OF DEATH		
			IF UNDER 1 YEAR IF UNDER 24 HRS. HOUTHS DAYS HOURS MIN.	7. DATE OF BIRTH//14/29 (Month, Day, Year) 3ULY 17, 1929	8. BIRTHPLACE (State or Foreign Country) MARYLAND		
TOR	9a. FACILITY NAME (If not institution, give street and number)  St. Joseph Hosp RESIDENCE OF DECEDENT	ital	TOWSON	ATH 9c. COU	NTY OF DEATH		
DIRECTOR	MARYLAND 10b. COUNTY BALTIMORE		TOWN OR LOCATION L'IMORE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
FUNERAL	9445 SEVEN COURTS DRIVE		101. ZIP COOE 21236	10g. CIT	ZEN OF WHAT COUNTRY?		
BY FUR	11. MARITAL STATUS  1	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexical 1 □ YES 2 区 NO Specify		r No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF BUSINESS/INC	DUSTRY		
MP	N/A N/A  17. FATHER'S NAME (First, Middle, Last)	ELECTRIC		UTILITIES C	OF A.A. CO.		
	BERNARD J. TEWEY		SUSAN I	ME (First, Middle, Meiden Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural I	Route Number, City or Town, State, Zig			
٦	JEAN ROSE TEWEY (WIFE)  20a. METHOD OF DISPOSITION		EVEN COURTS DRIV	· ·	MARYLAND 21236 City or Town, Stata		
	1X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place) MARYLAND	"(GARRISON FORES VETERANS CEMETER	CY JOWINGS M	MILLS, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	neh		ERAL HOME, INC.	MARYLAND 21236		
	23. PART I. Enter the diseases, o somplications that of shock, or heart failute. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.  URED L	EFT VEN	has cardiac or reapiratory and	rest, Approximata interval Between Onset and Dagth		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	R AS A CONSEQUENCE OF	ediel i	aferction lossis	n 1245 drys		
DICAL (	PART ii. Other significant conditions contributing to de	eath but not resulting in	tha underlying cause givan in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	AMAILABLE PRIOR TO		
PHYSICIAN: MEDIC				1 YES 2 - NO	COMPLETION OF CAUSE OF DEATH?		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF GEATH (Ch	eck only one)			
HYSI		Pl/Outpatient 3 DOA  JURY 28b, TIME	4 Nursing Home 5 Residence OF 26c, INJURY AT	6 ☐ Other (Specify)  26d, DESCRIBE HOW INJURY OC	CCURED		
ВУ Р	Natural 5 Pending (Month, Day,	Year) INJU	M 1 YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide datermined	NJURY — At home, farm, st :. (Specify)	reet, fectory, office	26f, LOCATION (Street and Number City or Town, State)	r or Rural Route Number,		
COMPLETED	29s. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the basis of axai						
TO BE (	Superinture and Title of Centresen	m Jan	29c. LICENSE NUI	9 ( 29d. DAT	TE SIGNEO (Month, pay, Year) (7)		
'-	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR:	NG JR	15+ Juseph	HOSPITAL	-, Towson		
1	AY 25 1990 Selie Stirden Pa	ndell			DMMU 16 Day 1/80		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and after death. Page 6 may be retained by the hospital or attending physician.	)
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
		C	E	RTIFICATE	0	F DEAT	H		REG	NO

	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPART	MENT OF H		MENTAL HYGIEN			
1. DF	CFDENT'S NAME (First, Middle, Last)	EDWARD S	. VAVERKA			2. DATE OF DEATH DO MONTH DO MAY		3. TIME OF DEATH 2:57 /	
17	77-12-0920	1 XM 2 - F	6/ YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 7 (Month, Day, Year)	ZE	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA	
E	ACILII AME (If not institution, give a BON SECOURS HOSE BELLE OF DECEMENT		-1	BALTIN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
M		LTIMORE		TOWN OR LOCATIONSVI	LLE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
H	street and number .921 ALTAVUE ROA	AD.		10	21228			OF WHAT COUNTRY?	
10	ARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1777Y IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES V II	If yes, sp		IIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	n or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE	
E 8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed) College (1-4 or 5+)	mpleted) (Give kind of work do			18b. KIND OF BU		TRY	
17. E	ATHER'S NAME (First, Middle, Last)		Bolom		18 MOTHER'S NA	ME (First, Middle, Maiden			
	OHN VAVERKA				ROSE	WINIARZ	Jurname)		
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILII			ADDRESS (Street a		Route Number, City or Tow	rn, State, Zip Coo	de)	
	HIRLEY VAVERKA		ATONSVILLI	E, MARY	LAND 21228				
40	METHOD OF DISPOSITION  Burial 2 N Cremation 3 Ram  Donation 8 Other (Specify)		20b. PLACE OF DISPOSE other place) METRO CRE	EMATORY		CAT	CONSVII	or Town, Stata LE, MARYLAND	
21. \$	SAMAR M. C.			LEROY		SSELL C. V		FUNERAL HOMES	
Seq if si cau CAU that	quentisity list conditions, ny, leading to immediate se. Entar UNDERLYING JSE (Disease or injury t initiated events ulting in deeth) LAST	b. Surle DUE TO (OR A	A CONSEQUENCE OF	t.v.	Henst	foile		Onset and Dea	
PAF	oberity		ing in the underlying cause given in Part i.			AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDING AMALLABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO		
	WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)			
	EXAMINER?  1 YES 2 NO  1 Propellent 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify)								
	IANNER OF DEATH	26a. DATE OF INJU (Month, Day, Ye	RY 26b. TIME	OF 28c, IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUR	EO	
3	Accident investigation Suicide 6 Could not be determined	26a. PLACE OF INJ building, atc. (	URY — At home, farm, si Specify)		YES 2 NO  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my k						suse(s) and manner as stated.	
	SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			GNED (Month, Day, Year)	
29b.	2	1	1			_			
	AME AND ADDRESS OF PERSON WH				01964	8	5	53 5	

2

ITEMS:23,27 per ME G-664 6-18-90 cm

90

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

14219

1 - STATE REGISTRAR	OINIE OI II	CI		CATE OF	DEATH	REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last)	-					2. DATE OF DEATH	YEA!	3. TIME OF DEATH
Rob	ert	Danie		Wol	fe	5-23-90		11:20AM M
4. SOCIAL SECURITY NUMBER 218-44-6965	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 ≈ 2 2 ≈ 194	6 8. BI	RTHPLACE (State or Foreign Unity) ARY LAND
9a. FACILITY NAME (If not institution, give str. 2118 Cameron Dri	set end number)	<del>7</del>			OR LOCATION OF DE		9c. COUNTY O	
RESIDENCE OF DECEDENT					UNDICER		Darcin	ore courty
10a. STATE 10b. COUNTY MARYLAND BA	LTIMORE		10c. CiT	Y, TOWN OR LOCA	TION DUNDALK			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1814 BELLE AVENUE				10	r. ZIP CODE 2122	2		U.S.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Mildowed XXX Vivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF  YES 2 X  AR OR DATES	MED	13. WAS DE If yes, s 1 YES	CENDENT OF HISPAI pecify Cuben, Mexice S 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	8	ACE — American Indien, lack, White, atc. pecify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5 s	(G	live kind of y . Do NOT us		ost of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
12TH GRADE	N/A		BA	RTENDER				
17. FATHER'S NAME (First, Middle, Lest)  LEO D. WOLFE	17. FATHER'S NAME (First, Middle, Lest)  LEO D. WOLFE  18. MOTHER'S NAME (First, Middle, Melden Surrame)  ELIZABETH J. WILSON							
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route N								
RONALD L. WOLFE		1				BALTIMORE		
4 Donation 5 Other (Specify)				FAITH	CEM. 5~2	6-1990 BA	LTIMORE	. MARYLAND
21. SIGNATURE OF JUNERAL SERVICE UC	Les Les	·h.		DUDA	ND ADDRESS OF FA ⇒RUCK FUI (IITSF AU)	CILITY NERAL HOME ENUE DUNDA	OF DUN	DALK, INC. 21222
a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  OUE TO (OR AS A CONSEQUENCE OF):  Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
	1							
PERFORMED? AMALAB COMPLE  XXX YES 2 □ NO COPPLE OF DEA							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL				26, 1	PLACE OF OEATH (C	heck only one)		
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 - Nursing Ho	me 5 - Reeldence	a Sther (Specify)	Scene	)
27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28a. OATE OF (Month, E	F INJURY Day, Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not be determined	OF INJURY — At h , atc. (Specify)	ome, farm,	street, factory, off	ice	281. LOCATION (Street City or Town, State		iral Route Number,	
						e to the cause(e) end ma		use(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	4	wh	P	å	29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year) -24-90
Julia C. Goodin, N		SE OF DEATH (IT)			Street,Ba	altimore,MI	)	VC
MAY 2 5 1990 Jul	32 REGISTRA	AR'S SIGNATURE						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.

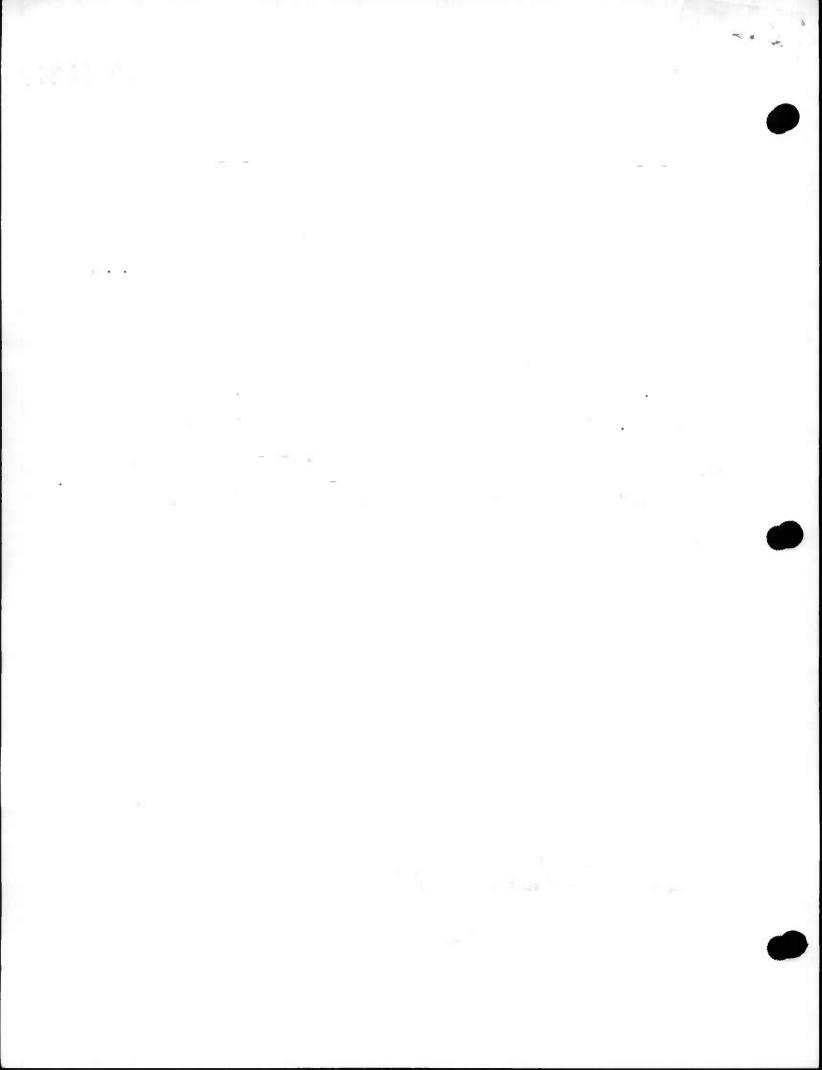
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89



	æ	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	* REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT CERTIFICAT				GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MA	RY WEBER	We	bber	2	2. DATE OF DE		ZEAR 3. TIME	Q25 A M	
	1-0	□ M 2 D F	PS YRS. MONTH		IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIF (Month, Day,	Year) 5-0/	BIRTHPLACE (	(State or Foreign	
TOR	LORIEN AE	1 1 1 1 1	Center C	olun	1 0	nd	<i>H</i>	OWAR	Rd	
DIRECTOR	10a. STATE 10b. COUNTY	oward Only town or Location				au Md 10d. INS				
FUNERAL	10e. STREET AND NUMBER 6334 Ceda	dar Lane				101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?				
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 - Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puario Rican, etc.)  1 YES 2 NAO Specify:  14. RACE—Black, V Specify:					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12)					STRY	WHITE			
OMPI	17. FATHER'S NAME (First, Middle, Last)		Homema	ker	16. MOTHER'S NA	ME (First, Middle,	N/A Maiden Surname)			
BE C	Karl Sommerfield				R	osie Ha	us			
TO E	E. Muriel Castell		1508 Re	gester	r Ave 21		ty or Town, State, Zip C	ode)		
	20a. METHOD OF DISPOSITION  1									
	21. SIGNATURE OF FUNETAL SERVICE OS	to Jona	the	22. NAME AN	D ADDRESS OF FA		Home 6500		1	
	23. PART I. Enter the diseases, or conshock, or heert fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		Mor Ca	eter the mod	de of dying, auc	h an cerdiec o	or reepiratory arrea	i le	Approximate interval Between Onset and Death	
ATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	11	not resulting in the	underlying	cause given in		WAS AN AUTOPSY PERFORMED? ] YES 2 \( \square\) NO	AWAILA COMPL OF DEA	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL			DI DI	ACE OF DEATH (Ch	neck anty one)				
SICI	EXAMINER?	HOSPITAL:		HER:	e 5 🗆 Residenca		ocity)			
BY PH	27. MANNER OP DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK? 'ES 2 NO	28d. DESCRIB	E HOW INJURY OCCU	REO		
B	3 Suicide 8 Could not be determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							umber,	
COMPLET		AN: To the best of my knowle On the basis of examination							manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	wh			29c. LICENSE NU		29d. DATE	SIGNED OFFINE	190	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type, Print)				1			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA								
	APP 25 1000 Set	Bridge Buch	ML							

35

~ 5. c

	afte	Y OF
_	2	E E
	ē	200
ı	2	io iii
	듩	Tag at
•	*	Se es
	De le	ia So
	200	Eg
	8	5 5
	5	no rich
	cati	e p
	Tip.	5.00
	2	프
	eath	atte
	9	\$ €
	##	32
	the state of	P 45
	res	ign
	300	5 5
	3	3 5
1	10	Per
	Ē	ate
	A.	St
	200	the
	¥	sie A
,	63	5 5
	S	Att
	EN	4 3
	A	Sal
	8	DO THE
	H	27
	PIL	ER.
	윷	S. F
	坐	무용
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20-mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remon
	F	FB

31. DATE FILEO (Month, Day, Year)
MAY 2. 5 1990

	FOR 1 - STATE	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENE		0 14221			
_	1 - REGISTRAR	CE	RTIFICATE	OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH			
	Varre	ance	Ward		5-17-90	1	2:19PM M			
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs. last			7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)			
	229-22-2968  9e. FACILITY NAME (If not institution, give street	M 2 □ F 64	YRS. MONTHS	DAYS HOURS MIN.	7 31 2		rginia			
l ne	The state of the s	on the same		TOWN OR LOCATION OF DE		ac contri i	DE DEATH			
CTOR	2123 Bolton Stree	et	Bal	timore City	<u></u>					
<u> </u>	10e. STATE 10b. COUNTY		10c. CITY, TOWN O	R LOCATION			10d. INSIDE CITY			
DIREC	Maryland		Baltim	ore			LIMITS? 1 X YES 2 NO			
ERAL	100. STREET AND NUMBER 2123 Bolton Stre	eet		10f. ZIP CODE 2 1 2 1 7		10g. CITIZEN USA	OF WHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES	10 11	3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: Cuban, Mexican, Puerto Rican, stc.)  1 YES 2 NO Specify:  **RACE — American Indian, Black, White, etc.  **Specify: Black**						
0 0	10.000									
ETE	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  C	coletect) (G/	CEDENT'S USUAL OC the kind of work done of the NOT use entired.) LSADLEA		16b. KIND OF BUS	INESS/INDUST	RY			
once.	17, FATHER'S NAME (First, Middle, Last)			10 MOTHER'S NA	ME (First, Middle, Meiden S	Cumama!				
-	John Thomas Ward	d			Bolling	surramey				
ed a	19e. INFORMANT'S NAME (Type/Print)	198	b. MAILING ACCRESS	(Street and Number or Burst)	Route Number, City or Town	. State. Zio Cod	01			
5										
2	Catherine Epps  Pantsmith Virginia  20a. METHOD OF DISPOSITION  1 D Burlai 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of comolory, crematory or other place)  20c. LOCATION — City or Town, State									
Si Li	1 1 Period 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from State Nation	onal Cer							
ē	21. SIGNATURE OF FUNERAL SERVICE LICENS		22.1	NAME AND ADDRESS OF FA	CILITY	1701	Virginia McCulloh St.			
exam	· seray Ha	hatman-Har	iris F/H	Balto	; Md 21217					
or other traumatic event, the medical examiner must	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such se cardiec or reepiratory erreet, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Arteriosclerotic cardiovascular disease  Oue TO (OR AS A CONSEQUENCE OF):									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
3 .	PART II. Other eignificant conditions c	ontributing to deeth but not r	resulting in the un	derlying ceues given in			24b. WERE AUTOPSY FINDINGS			
EDICA	Chronic alcohol	abuse			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
€ 2	l ————				HEAD	ONLY	YES 2 NO			
IAN IAN	25. WAS CASE REFERRED TO MEDICAL	V - 1		26. PLACE OF OEATH (C)	neck only one)					
or item		OSPITAL:	OTHER	t: sing Home 5. Pitesidence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME OF	26c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED			
A P	1 Matural 5 Pending Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO						
28 is marked, TED BY PH	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	281, LOCATION (Street of City or Town, State)	and Number or F	Bural Route Number,					
	and Comparison					200				
MPORTANT: It item O BE COMPLE	cost —	N: To the best of my knowledge, de On the basis of examination end/or					suse(a) and manner as stated.			
<b>图</b> 8	29b. SIGNATURE AND TITO OF CERTIFIER			29c, LICENSE NU			ONED (Month, Day, Year)			
2 H	SIGN SING THE AIR CERTIFIER			OCME	MDEN.		-18-90			
≥ 0	30. NAME AND ADDRESS OF PERSON WHO C	SOMBLETED CALIBE OF DEATH (ITE	M 27 (Toro Delet)	- COLIE			10 70			

James Kaplan, MD 111 Penn Street, Baltimore, MD 21201

Sowan Com

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23-flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  Teres	sa	M. Weightman				0F DEATH 21-90		AR 3	. TIME OF DEATH 10:46AM M
	SEX 8. AG	E (In yrs. last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ( (Month)	DE BIRTH Day, Year)	8.	Country)	ACE (State or Foreign New York
9a. FACILITY NAME (If not institution, give street Howard County Ge	eneral Hos	pital	9b. CITY, TOWN	OR LOCATION OF DE Columbia		20721	9c. COUNTY HOWAI		
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10. 0177	TOWN OR LOCA	TION				T	od. INSIDE CITY
Maryland Balt	imore		loodlawr	n			t	LIMITS?	
100.STREET AND NUMBER 2657 West Park Driv	re		10	1. ZIP CODE 21207	109. CITIZEN O				
11. MARITAL STATUS  1  Never Married 2 Married  3 Widowed 4 Divorced	P. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPAN Decify Cuban, Mexican S 2 X NO Specify	n, Puerto F		s or No — 14.	RACE - Black, \ Specify:	American Indian, White, atc. White
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) Unknown		16a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during m retired.)		16b. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, Last)		Homen	lakel	18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Surname)		
Edmond LaFontaine					a Baı		,		
19a. INFORMANT'S NAME (Type/Print)		195, MAILING	ADDRESS (Street	and Number or Rural F			m. State. Zio Co	de)	
Mr. Joe Kerhart				t Park D				-	21207
		10b. PLACE OF DISPOS			TIVE		CATION - City		
219 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donefon 8 Other (Specify)	from State	other place)		Cemeter	37				New York
21. SIGNATURE OF PUMERAL BERVICE LICEN	SEE	30	22. NAME A	ind address of fa	CILITY				
Don Jen				Liberty				-	
disease or condition resulting in dasth)  Multiple injuries  Due to (or as a consequence of):  b.  Due to (or as a consequence of):  b.  Due to (or as a consequence of):  c.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
DADT II Other significent conditions	antabuting to deat	hut not moulting i	n sho condonici	an anusa ahum in	Don't I	04- MM 0 44	LAITTORNY	Tash N	HERE ALTYOROV EMPRIOR
PART II. Other significent conditions of	n the underlyii	ng cause given in	n Part i. 24a. WIS AN AUTOPSY PERFORMEO? 24  XX YES 2 □ NO			6	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  XX YES 2 \( \sqrt{N} \) NO		
25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF OEATH (Ch	eck only or	10)			·
	1OSPITAL: ☐ Inpatient 2次天R/0	outpatient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUI 5-21-90	285. TIMI 9: 2	MBX W	JURY AT PORK? YES 2 XXVIO	1		in au		pick-up imp
3 Sulcide 8 Could not be determined	28e. PLACE OF INJU- building, atc. (S		street, factory, off	et, factory, office 2		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Merriottsville Road/MD 99,			
Check only 1 CERTIFYING PHYSICIA	AN: To the best of my kr							:2000(4)	and menner as stated.
296. SCHATURE AND SULE OF CERTIFIER	^			29c. LICENSE NU	MBER				Month, Day, Year) 3–90
James Kaplan, MD		111		Street,Ba	ltimo	ore,MD	21201		vc
MAY 25 1990	32. REGISTRAR'S S	IGNATUREAmpleSE							

DHMH-18 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNETAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

TO BE COMPLETED BY FUNERAL DIRECTOR

90 14223

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	R.weltma	ıh		West &	2. DATE O			EAR	TIME OF CEATH
1210 W 61211	-	n yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ( (Month,	PERITH (Day, Year)	4 8	BIRTHPLA Country)	CE (State or Foreign ERMANY
90. FACILITY NAME (If not institution, give street	et Bilhm	.012	· _	LOCATION OF DE			9c. COUNTY	OF PEAT	н .
100. STATE 10b. COUNTY	altimore	10c. CITY	V, TOWN OR LOCAT	on le					d. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER	0	Drive		ZIP CODE 21 20 8	3		10g. CITIZE		T COUNTRY?
11. MARITAL STATUS 1									
(Specify only highest grade con	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)								
12		JOH	JSEWIFE			A	T HOME	3	
17. FATHER'S NAME (First, Middle, Last)  RABBI ISRAEL L	ORCH			18. MOTHER'S NA	ME (First, M EBECC		Surnama) KNOWN		
190. INFORMANT'S NAME (Type/Print) HARRY WELTMAN			ADDRESS (Street a				n, State, Zip Co		21208
20g, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, SI							State		
4 Donation 5 Other (Specify)	4 Donation 5 Other (Specify) CHEVRA AHAVAS CHESED RAINDALLSTOWN, PID								N, MD
SOL LEVINSON & BROS., INC.									
23. PART I. Enter the diseases, or come shock, or heert failure. List iMMEDIATE CAUSE (Finst disease or condition resulting in death) s			not enter the mo	de of dying, suc	ch aa card	iac or reap	iratory arrea	t,	Approximate interval Between Onset and Death
	DUE TO (OR AS A	CONSEQUENCE OF	F):						
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
PART ii. Other significant conditions of	ontributing to death be	ut not reaulting i	in the underlying	ceuse given in	Part I.	24a, WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
					_	PERFO		Of Of	AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
	IOSPITAL:		26. PL	ACE OF DEATH (C)	heck only on	e)			
1 TYES 2 NO 10	# Inpatient 2 ☐ ER/Outp	atient 3 DOA 28b. TIM		e 5 Residence	1		INJURY OCCU	DEO.	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	JURY WO	RK?	200. DES	CHIBE HOW	INJUNI OCCU	NEO	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci		atreet, factory, offic			ATION (Street or Town, State	and Number or )	Rural Rout	e Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: (Check only one)	_								nd menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	ÒV.		nD.	29c. LICENSE NU	MBER		29d. DATE 5	SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	-					, ,	1 1	
31. DATE FILED (MOST). 200 1990 Jul.	32 REGISTRAR'S SIGN	ATURE							· · · · · · · · · · · · · · · · · · ·

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the within 72 hours after death with the State Degt, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trau

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OINIE OI IIIA	CE		ICATE OF	DEATH		REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF				3. TIME OF DEATH
	LI	LLIAN G. W	IMBLEY				05	22		PASY	11:45 P м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last t	oirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF	BIRTH			PLACE (State or Foreign
	216-10-5914	1 🗌 M 2 💢F	96	YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	01	1893	MAR	YLAND
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	FRANCIS SCOTT	KEY MEDICA	L CENTE	R	BALT	TIMORE					
EC	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION				T	10d, INSIDE CITY LIMITS?
DIA	MARYLAND		- 1		BALTIMO	DRE				- 1	1 X YES 2 NO
	10e. STREET AND NUMBER				.10	H. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
FUNERAL	842 POWERS ST					2121	-		1	USA	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IT IF YES, GIVE WAR	YES 2 NO		If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice B 2 NO Specify	n, Puerto Rice		or No- 1	4. RACE Black, Specify	— American Indian, White, etc. WHITE
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION			USUAL OCCUPAT		16b. KI	ND OF BU	SINESS/INDU	STRY	
크	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. L	Do NOT u	se retired.)	ost or worning					
APL	UNKNOWN		H	OUS	EWIFE						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First, Mide	die, Maiden	Surname)		
BE (	GRIFFITH PR	ICE					ELIZA	ABETH	(?)	)	
TO E	19e. INFORMANT'S NAME (Type/Print)				0.77	end Number or Rural I		*			
F	DOROTHY LIPPY		3	126	THORNE	ELD ROAD	, BALT	TIMOR	E, MD	. 21	207
	20e. METHOD OF DISPOSITION 1 € Burlel 2 □ Cremation 3 □ Rem	noval from State	20b. PLACE O other place	F DISPO	SITION (Name of o	emetery, crematory or	20c. LOCATION — City or Town,				wn, State
	4 Donation 5 Other (Specify)		PARK	WOO	D CEMETI			BA	LTIMO	RE,M	IARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	40			AN SEITZ		THIME	ים דאם	OME	
	· a ala	n Dech	h			ROLAND A	-				21211
	23. PART i. Entar the diseases, or			th. Do							Approximate
	shock, or heart failure.  IMMEDIATE CAUSE (Final										Interval Between Onset and Daath
	disease or condition - ACUTE MYOCARDIAL INFARCTION 2 How										
	DUE TO (OR AS A CONSEQUENCE OF):  ARTER (O SCLERSTC C V D. 15 Y/S										15 1460
N	Sequentially list conditions,	b. A.K. 1	ER10	SC	LERDIT	000	D.				13 785
ATI	if any, leading to immedista cause. Enter UNDERLYING	10 (OF	AS A CONSECU	JENCE C	r):						
FIC	CAUSE (Disesse or injury that initiated events	cDUE TO (OF	AS A CONSEQU	JENCE C	F):						
CERTIFICATION	resulting in death) LAST	-									!
CE		d									
DICAL	PART II. Other significant condition	_		4				4a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20	GENERL	11201	2 6	140	ER 10 SC	TESOSCI	_ 1	☐ YES 3	NO NO		COMPLETION OF CAUSE OF DEATH?
ME											1   YES 2   NO
	<u> </u>										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28.	PLACE OF DEATH (Ch	heck only one)				
YSI	1 TES 2 NO	1 Dunpatient 2 - El			4 - Nursing Ho	me 5 🗆 Reeldence					
Hd	27. MANNER OF DEATH  1 ⊠ Natural 5 □ Pending	28e. DATE OF IN. (Month, Day,		28b. TII	JURY V	JURY AT	28d. DESCI	RIBE HOW	INJURY OCCU	JRED	
BY	2 Accident Investigation					YES 2 NO					
6	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc		ie, farm,	atreet, fectory, of	ice	City or	ION (Street Town, Stele	end Number o	ir Rumil R	loute Number,
Ë	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, des	th occur	red at the time, da	te and place, and due	to the cause	(e) end ma	nner as state	d.	
COMPLET	construction of the constr	ER: On the basie of exam									) end manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	in //a	/	ini	۵.	29c. LICENSE NU			29d. DATE	SIGNED	(Month, Dgy, Year)
m	Homand	Klenn	eur "	in		MD T	50 80,	19.	<b>&gt;</b> 3	5 /2	5/90
5	30. NAME AND ADDRESS OF PERSON WI	R. KE			4. 7.	3803 Edmo	onson	Ave.	, Balt	0.,	MD.
	NORMAN R. WE MAN MED 3803 Edmonson Ave., Balto., MD.  31. DATE FILEO (MODIF) Day, 1607  APR 25 1990  APR 25 1990  APR 25 1990										

OHMH-tS Rev 1/89

lag in my

\_

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Associate death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTI
1. DECEDENT"

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	:KIII-I	CATE	JF DE	AIL	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH	2242	3. TIME OF DEATH
- 9	HUGHS	TON N	c	WHIT	E					90	1:17 P M
	4. SOCIAL SECURITY NUMBER		1.								
- 9	5. 1-4.10-14.1-40.10. (0.10-12.1	1 M 2 F	6. AGE (In yrs. las		MONTHS D	AR IF U	NDER 24 HRS.	(Month, Day, Year) Country			IPLACE (State or Foreign y)
	232-60-7330	YRS.				09 2	6 39	39 WEST VIRGINI			
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR LO	CATION OF DE	ATH	9c.	COUNTY OF D	EATH
Œ	1404 [[				De	14.5	Oit				
2	1424 Union Ave	nue			Bd.	LCTIIC	re Cit	- <u>Y</u>			
ပ	10e, STATE 10b, COUNTY	,		10c CITY	, TOWN OR L	OCATION					10d. INSIDE CITY
DIRECTOR				100, 011	BALT		,				LIMITS?
	MARYLAND				DAL1	LITORE		1 🔀 YE			1 X YES 2 NO
4	10e. STREET AND NUMBER					10t, ZIP	CODE		10g	. CITIZEN OF V	VHAT COUNTRY?
FUNERAL	1424 UNION	AVENUE					21211	_		Ţ	JSA
Ž	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ITS AD	MED	12 346.0	DECENDE	NT OF HISPAN	IC ORIGIN? (Sp	acify Van or Ne	O_ 14 BACI	- American Indian,
E	1 Never Merried 2 Merried	FORCES? 1	YES 2 N		If ye	s, specify	Cuban, Maxicai	n, Puarto Rican,		Black	k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA			1 🗆	YES 2 X	NO Specify	7.		Spec	
		UNKNO									WHITE
Ш	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S ive kind of v	USUAL OCCU vork done duri e retired.)	PATION no most of v	vorkina	16b. KIND	OF BUSINES	S/INDUSTRY	
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)		•				
립	UNKNOWN			LAP	ORER				CONSTE	RUCTION	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	ME (First, Middle			
		initar (	מי			"		ARIE PI			i i
BE	HUGHSTON M.	WHITE,									
	19a. INFORMANT'S NAME (Type/Print)		19	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town						ite, Zip Code)	
5	RICHARD A. WHITE	2	1:	19674 WOOTTON AVENUE, PO					SVILLE	E, MD.	20837
	20a. METHOD OF DISPOSITION		20b. PLACE	ACE OF DISPOSITION (Name of cemetery, crematory or					20c. LOCATIO	ON — City or To	own, State
	1 Burial 2 X Cremation 3 Ram	oval from State	other of	ther place) GREEN MOUNT CEMETERY					BALTIMORE, MARYLANI		
	4 Donation 5 Other (Specify)		GR	EEN M					DALI	LITIONE	PLAKTLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NA	ME AND AD ΔΤΔΝ	DRESS OF FA	Z, JR.	FINER	ат. номі	2
	b /1 /100	10	it h					VENUE,			
-	23. PART I. Enter the diseeses, pr	1 Julia	3 11								Approximate
EDICAL CERTIFICATION	ahock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. Cirrhosis of the Liver  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):										
AT	If any, leading to immediate ceuse. Enter UNDERLYING										
5	CAUSE (Disease or Injury	C. DUE TO (	OR AS A CONSE	OUENCE O	Pi:						
Ē	that initiated events resulting in death) LAST				,						
<b>H</b>		d									
0	PART II. Other algorificant condition	a contributing to	death but not	regulting	in the unde	riving ce	use given in	Part I. 24s	. WAS AN AUTO	OPSY 24	b. WERE AUTOPSY FINDINGS
<u>₹</u>							3		PERFORMED	17	AVAILABLE PRIOR TO COMPLETION OF CAUSE
품								10	YES 2   N	NO	OF DEATH?
ME											1 X YES 2 □ NO
								(B	artial	)	
A	25. WAS CASE REFERRED TO MEDICAL			_		26. PLACE	OF DEATH (Ch		our care	,	
5	EXAMINER?	HOSPITAL:		_	OTHER:		**				
=	-17 -	1 - Inpatient 2 -	110000000000000000000000000000000000000	,				8 Other (Sp			
YSI	1 XYES 2 NO					e. INJURY WORK?	AT	28d. DESCRIE	BE HOW INJUR	RY OCCURED	
HYSI	27. MANNER OF DEATH	28a. DATE OF (Month, De		INJURY WORK?			2 NO	ŀ			
Y PHYSICIAN:	27. MANNER OF DEATH  XXX Natural 5 Pending	28a. DATE OF (Month, De	iy, roar)	M 1 YES 2 NO							
ВУ	27. MANNER OF DEATH  XXX Netural 5 Pending 2 Accident Investigation	(Month, De	F INJURY — At h	oma, farm,						lumber or Rural	Route Number,
ED BY	27. MANNER OF DEATH  XXX Natural 5 Pending	(Month, De		ome, ferm,					N (Street and N wn, State)	lumber or Rural	Route Number,
ETED BY	27. MANNER OF DEATH  XMX Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	(Month, De	F INJURY — At h	oma, farm,						lumber or Rural	Route Number,
ETED BY	27. MANNER OF DEATH  XXX Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined	(Month, De	F INJURY — At hetc. (Specify)		street, factory	, offica		City or To	wn, State)	<u></u>	Route Number,
ETED BY	27. MANNER OF DEATH  XXX Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only	28a. PLACE Of building,	F INJURY — At heetc. (Specify)	eath occur	street, factory	, offica	place, and due	City or To	wn, State)	as stated.	Route Number,
ED BY	27. MANNER OF DEATH  XXX Natural 5 Pending 1 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28a. PLACE Of building, ICIAN: To the best of ER: On the bests of as	F INJURY — At heetc. (Specify)	eath occur	street, factory	, offica a, data and nion, death	place, and dua	City or To	) and manner :	as stated, e to the cause	(a) and manner as stated.
E COMPLETED BY	27. MANNER OF DEATH  XXX Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only	28a. PLACE Of building, ICIAN: To the best of ER: On the bests of as	F INJURY — At heetc. (Specify)	eath occur	street, factory	, offica a, data and nion, death	place, and due occured at the	City or To	) and manner :	as stated, to the cause d. DATE SIGNE	(a) and manner as stated.  D (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF DEATH  XXX Neturel 5 Pending Investigation 2 Accident 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. MIGNATURE AND TITLE OF CERTIFIE	28e. PLACE Of building, ICIAN: To the best of ER: On the besis of ax	F INJURY — At hetc. (Specify)  my knowledge, diamination and/or	eath occurr	street, factory	, offica a, data and nion, death	place, and dua	City or To	) and manner :	as stated, to the cause d. DATE SIGNE	(a) and manner as stated.
E COMPLETED BY	27. MANNER OF DEATH  XXX Natural 5 Pending 1 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28e. PLACE Of building, ICIAN: To the best of ER: On the besis of ax	F INJURY — At hetc. (Specify)  my knowledge, diamination and/or	eath occurr	street, factory	, offica a, data and nion, death	place, and due occured at the	City or To	) and manner :	as stated, to the cause d. DATE SIGNE	(a) and manner as stated.  D (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF DEATH  XXX Natural 5 Pending Investigation  2 Accident 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. HIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WI	28a. PLACE Of building, PLACE Of building, PLACE Of the best of ER: On the best of ax the Complete Cause Cell, M.D.	my knowledge, d amination and/or  E OF DEATH (ITI	eath occur investigation of the second of the second occurs occurs occurs occurs on the second occurs occurs on the second occurs occurs occurs on the second occurs occurs on the second occurs occurs occurs on the second occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs occurs on the second occurs occur	etreet, factory ed at the time on, in my opin o, Print)	, office a, data and alon, death	place, and due occured at the c. LICENSE NUI	City or To	) and manner place, and du	as stated, to the cause d. DATE SIGNE 5-25	(a) and manner as stated.  D (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF DEATH  XXX Neturel 5 Pending Investigation 2 Accident 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. MIGNATURE AND TITLE OF CERTIFIE	28a. PLACE Of building, PLACE No. To the best of ER: On the best of ER: HO COMPLETED CAUSE CELL, M.D. 32. REGISTRA	my knowledge, d amination and/or  E OF DEATH (ITI	eath occur investigation of the second of the second occurs occurs occurs occurs on the second occurs occurs on the second occurs occurs occurs on the second occurs occurs on the second occurs occurs occurs on the second occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs on the second occurs occurs occurs occurs on the second occurs occur	etreet, factory ed at the time on, in my opin o, Print)	, office a, data and alon, death	place, and due occured at the c. LICENSE NUI	City or To	) and manner place, and du	as stated, to the cause d. DATE SIGNE 5-25	(a) and manner as stated.  D (Month, Day, Year)  5-90



DHMH-18 Rev 1/89

	cuted within	1 completely filled in by the funeral director, page 5 should be detache unal, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VIIAL PROCEEDS, 1. C. DOX 10115	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
MAY 2 5 1990

32. REGISTRAR'S SIGNATURE

4

	FOR STATE OF MARYL				MENTAL HYG	IENE	90 1422		
	1. DECEMENT'S NAME (First, Middle, Leat) Hugh A	Withers		DEATH	REG. 2. DATE OF DEAT	H DAY	YEAR 7:25 AM		
1 1	4. SOCIAL SEGURITY NUMBER 5. SEX 6. AGE (	In yra. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	1	BIRTHPLACE (State or Foreign Country)     S.C.		
OR	9e. FACILITY NAME (If not lostitution, give street and number)		9b. CITY, TOWN (	OR LOCATION OF DE		9c. COUNTY OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY  Md.	10c. CITY,	TOWN OR LOCAL Balt	imore			10d. INSIDE CITY		
FUNERAL	10s. STREET AND NUMBER 833 W. Pratt St. Apt.	. 605	10f. ZIP CODE 21201				USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 # Widowed 4 Divorced	2 PNO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 NO Specify	n, Puerto Rican, etc		14. RACE — American Indian, Black, Whita, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	16m. DECEDENT'S U (Give kind of wo Me. Do NOT use Reti	rk done during mo retired.)	ON st of working	16b. KIND O	F BUSINESS/IN	DUSTRY		
ш	17. FATHER'S NAME (First, Middle, Last)  Augustas Witherspoor	n		18. MOTHER'S NA	I HAME (First, Middle, Meiden Surnerne) ry Caldwell				
TO B	19a. INFORMANT'S NAME (Type/Print) Dorothy Middleton			od Dr. B					
	1 ∯ Burial 2 ☐ Cremelion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Abbutus	Memori	al Park			us, Md.		
	DI. BIONATURE OF PUNERAL SERVICE LICENSEE	0	Est	nd address of fa ep Broth O Eutaw 1	ers Fune	ral Ho lto. M	me P.A. d. 21217		
	23. PART I. Enter the diseases, or complications that cause of e immediate CAUSE (Fine)	d the death. Do no ech line.							
	disease or condition resulting in daeth)  a Bilateral Gram Hegy Asparation Guy								
CERTIFICATION	Sequentially list conditions, If any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury C. Deep Role of Cause).								
SERTIFI	that initiated events resulting in death) LAST	CONSEQUENCE OF	an	(G)	sterci	ryel	etis Long,		
MEDICAL	PART II. Other significant conditions contributing to death b	out not reaulting in	tha undariyin	g cause given in	PE	AS AN AUTOPS RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	25. WAS CASE REFERRED TO MEDICAL		1   YES 2   NO						
PHYSICIAN:	EXAMINER?  1 VES 2 NO  HOSPITAL: 1 Pinpetient 2 ER/Outs		OTHER:	LACE OF OEATH (Ch		1)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26b. TIME INJU	RY M	JURY AT ORK? YES 2 NO	28d. OESCRIBE	O YHULMI WOI	CCUREO		
0	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY building, etc. (Spe		reet, factory, offic		28f. LOCATION (S City or Town,	itreet and Numb State)	er or Rural Route Number,		
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my know one)  2 MEDICAL EXAMINER: On the bests of examination								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	) 4		D - 1	MBER 720	29d. D/	S 23/90		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE			Help	11.9	AND	21222		

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

Item 23.part 1A. per ME G-665
FOR 7/5/90 reb STATE OF MARYLAND

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE	OF	DEAL	п	H	EG. NO.				
	DECEDENT'S NAME (First, Middle, Last)     MON:	ica		Walke					2. DATE OF 1 MONTH 5-22	DA	Y	YEAR	3. TIME OF DEATH 9:00PM	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH		6. BIRTH	IPLACE (State or Foreign	$\dashv$
	218-74-5483	1 M 2 X F 31 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Aug. 31, 1							L958	Ma	ryland			
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, 1	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	DEATH	
DIRECTOR	Liberty Medica	l Center			Ba	lti	more	City	У					4
	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCAT	TON						10d. INSIDE CITY	ヿ
	Maryland			Ba:	Ltimo						1 🔀 YES 2 🗌 P			
₹١	10e. STREET AND NUMBER						. ZIP CODI						WHAT COUNTRY?	
FUNERAL	3403 Garrison Blv	d.					21216	5			U.S	A. 8		
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1							IC ORIGIN? (S		or No-	14. RAC Blac	E — American Indian, k, Whita, etc.	-1
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				2   NO			ALIE -		Spec		- 1	
	15. DECEDENT'S EDU	Jan '77		DECEDENT'S	l lieut oo	Ot Instru	DAI		405 978	D OF BUS	INCO INI	DUCTON	Black	$\dashv$
COMPLETED	(Specify only highest grade	completed)		(Give kind of life, Do NOT u	work done du	uring mo	ast of worldr	ng	100. KJK	D OF BOS	HITESS/INI	DOSTAL		- [
ا چ	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+		emplo						n/a				
Ž	17. FATHER'S NAME (First, Middle, Lest)	empro	yeu		16 MOTI	HED'C NAI	WE (First, Middl		Sumamal			-		
	Richard Allen Hi						McNai:		Surriemen			-1		
8	19a. INFORMANT'S NAME (Type/Print)	105 MAILIN	ADDRESS	/Ptennet s			loute Number, (		o State 7i	n Code)	-	$\dashv$		
2	Marian Webb		1	7405					altio	•			21207	
			205 81 4						Date IO					$\dashv$
	20a. METHOD OF DISPOSITION 1.A. Burlal 2 Cremation 3 Rem	oval from State	othe	20b. PLACE OF DISPOSITION (Name of commency, crematory or other place) Garrison Forest Veteran Cem.						Raltimore County MD			- 1	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	TENGEF	Gar	LISON										
18	Delle X	Rd	Do m	7			_			_		nera	1 Homes, In	16
_	23. PART I. Enter the discess, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory errest,  Approximate													
	shock, or Héart failure. List only one ceuse on each lina.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Drug intoxication  Drug intoxication  Drug intoxication Narcotic and Ethanol Intoxication  Drug intoxication Narcotic and Ethanol Intoxication													
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST													
CC	PART ii. Other significent condition	ns contributing to	deeth but n	ot resulting	in the unc	derlyin	g ceuse	given in	n Part i. 24s. WAS AN AUTOPSY			24	b. WERE AUTOPSY FINDING	38
EDICAL	Chronic alcoh	_						T. C. Dieter	14.07	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED									_	XYES 2	_ NO		OF DEATH?	
Σ									-				VIVE 5   10	
AN	25. WAS CASE REFERRED TO MEDICAL	ī				26. P	LACE OF (	DEATH (Ch	eck only one)					$\dashv$
20	EXAMINER?  3/5X YES 2 - NO	HOSPITAL:	Newtostian	w. 3 □ DOA	OTHER	1:	_		6 Other (S	naciful				
PHYSICIAN: M	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b, TI	ME OF	28c. IN	JURY AT		28d. DESCR		INJURY O	CCURED		$\dashv$
	1 Natural 5 Pending	FOUND:	oy, Year) : 5–22-		05PM		ORK? YES 2 [	3/10	Unkno	רולאל				- 6
8	2 Accident Investigation 3 Suicide XXX Could not be	28e. PLACE C	F INJURY -					211	28f. LOCATIO	ON (Street	and Numb	er or Runal	Route Number,	$\neg$
9	4 Homicide determined	building,	etc. (Specify)	FOUN	D: re	sic	lence	:	3403	Garr	ison	Blv	d.,Baltimo	re
Ē	29a. CERTIFIER	NOIAN. To the bear of	Lance Incomplete	4					As the same of	->		ede d		
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data a content of the content													e(a) and manner so stated.	
BE C	290 SIGNATURE AND THE ON CENTIFIE	S S						ENSE NUI	MBER		29d. DA		ED (Month, Day, Year) -22-90	
10	TAY	7											22 30	
-	James Kaplan, MD	)		1	e, <i>Print)</i> .11 P∈	enn	stre	et,B	altimo	re,N	1d 21	201	vc	
MAY 25 1990 July Saurdson Manuelle Manuelle Manu														

MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.			
1. DECEDENT'S NAME (First, Middle, Last)	DR. ISRAE	L ZELIGMA	N		2. DATE OF DEAT		YEAR	3. TIME OF DEATH 2:51 A. M	
4. SOCIAL SECURITY NUMBER 212-07-6294	5. SEX 6. AGE	(In yrs. last birthday) 76 Yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	3	8. BIRTI	HPLACE (State or Foreign ARYLAND	
98. FACILITY NAME (If not institution, give str BALTIMORE COUNTY				OR LOCATION OF DE			9c. COUNTY OF DEATH BALTIMORE		
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	I DIMODE		, TOWN OR LOC					10d. INSIDE CITY LIMITS?	
MARYLAND BA	LTIMORE		BALTIM	OKE OH. ZIP CODE		10g. CI	TIZEN OF	1 TYES 2XX NO WHAT COUNTRY?	
4 CANDLEMAKER CT.	, APT. 402	MALLO A PRAPER	40 400 00	212 CENDENT OF HISPAN	208	. Mar as No	USA	E — American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? XX YES IF YES, GIVE WAR OR I WWII- NAVY	2 NO	If yes, s	pecify Cuban, Mexica S 2 ANO Specify	n, Puerto Rican, etc	.)	Spec	ck, White, atc.	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a, DECEDENT'S U	ork done during n	TON nost of working	16b, KIND O	BUSINESS/IN			
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		SICIAN			MATOLO			
17. FATHER'S NAME (First, Middle, Last) BERNARD ZELIGM	IAN				ME (First, Middle, Mi ECCA UN	iden Sumame) IKNOWN			
19a. INFORMANT'S NAME (Type/Print) MRS. TESS K. ZELI	GMAN			and Number or Rural				D 21208	
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	wal from State	nb. PLACE OF DISPOSE other place) HEBREW	ITION (Name of c	ametery cramatory or		BALTI	- City or T	own, State	
21. SIGNATURE OF SHORMAL SERVICE UP	HISEE		22. NAME	AND ADDRESS OF FA	CILITY N & BROS			,	
23. PART I. Enter the diseases, or c	omplications that cause	ed the death. Do n		REISTERS				MD 21215 Approximate	
shock, or heart failure. I		aach line.						Interval Between Onset and Death	
Sequentielly list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	ni Le Bra				n Ell	cg .	
PART II. Other significant condition	s contributing to death	but not resulting i			PE	IS AN AUTOPS' REFORMED? ES 2 10 NO	Y 24	b. WERE AUTOPSY FINDINGS AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpution: 2   ER/Ou	tpatient 3 DOA	OTHER:	PLACE OF DEATH (Cr	W = 1 6 - 29 - 45	·)			
27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY	NJURY AT VORK?  YES 2 NO	28d. DEŞCRIBE I	OW INJURY O	CCURED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, a secify)	street, factory, of	fice	28f. LOCATION (S City or Town,		er or Rural	Route Number,	
one)	CIAN: To the best of my kno R: On the basis of examinat							(s) end manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	seme?	MD		29c. LICENSE NU	MBER 7	29d. D	ATE SIGNE	(Morth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COLD SOM	DEATH (ITEM 27) (Type,	Print)	BATO	1 MORE	21	121	0	
MRX 25 1990 44	A Linkson Service								

DHMH-18 Rev 1/89

DALLIMONE, MANTLAND 21203-514	24 nours after death. Page 6 may be retained by the hospital or attending I	filled in by the funeral director, page 5 should be detached for use as the	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the best attending to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use as the best attended to the page 10 should be detached for use at the best attended to the page 10 should be detached for use at the best attended to the page 10 should be detached for use at the best attended to the page 10 should be detached to the page 10	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) William Beatty Anderson	1		2. DATE OF DEATH	3. TIME OF OEATH 5-4-90 1:45 am M					
33	4. SOCIAL SECURITY NUMBER 213-05-1900  5. SEX 1 🖄 M 2 🗆 F		UNDER 1 YEAR SF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE 6.00 1916	BIRTHPLACE (State or Foreign Country)     PA					
TOR	9a. FACILITY NAME (If not institution, give alrest and number) Greater Laurel Belts. Hospital RESIDENCE OF DECEDENT	96	Laurel		rince George					
DIRECTOR	100. STATE 100. COUNTY Maryland Prince George		own or location SVIIIe		10d. INSIDE CITY LIMITS? 1  YES 2  NO					
FUNERAL	106. STREET AND NUMBER 12521 Old Gunpowder Road		101. ZIP CODE 20705	109	USA					
B≺	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT, EVER IN LETTER OF LETTER STATEMENT OF LETTER STATEMENT OF LETTER OF LETTER STATEMENT OF LETTER STA	2 NO	13. WAS OECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify	n, Puerlo Rican, etc.)	o- 14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED		Iffe. Do NOT use re	done during most of working	16b. KIND OF BUSINES						
COM	17. FATHER'S NAME (First, Middle, Lest) Alfred H. Anderson		18. MOTHER'S NA Regenia	ME (First, Middle, Maiden Surne Gordon	ime)					
TO BE	10m.INFORMANT'S NAME (Type/Print) William G. Anderson		paess (Street and Number or Aural I Old Gunpowder R							
	20a, METHOD OF DISPOSITION 1 \( \tilde{\Lambda} \) Buriel 2 \( \tilde{\Lambda} \) Cremation 3 \( \tilde{\Lambda} \) Removal from State 4 \( \tilde{\Lambda} \) Donation 5 \( \tilde{\Lambda} \) Other (Specify)	PLACE OF DISPOSITION PROPERTY	ON (Name of cometery, cremetory or le Washington C	emetery Ad	on – city or Town, State elphi, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Fleck Funeral F 7601 Sandy Spring Rd. Laurel, N									
DICAL CERTIFICATION	MMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
: MEDICAL CER	PART II. Other algorificant conditions contributing to death but	t not resulting in t	the underlying cause given in	Part I. 24a. WAS AN AUTPERFORMED 1 TYES 2	7 AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0	26. PLACE OF DEATH (Ch	eck only one)						
PHYSICIAN	1 VES 2 NO 1 Inpatient 2 ER/Outpet  27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Nursing Home 5 Residence  DF 28c. INJURY AT WORK?  M 1 YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW INJUI	RY OCCUREO					
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY - building, etc. (Specif			281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,					
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.										
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER OM A - COMPLE	mi	29c. LICENSE NU D 2 4 9	42	d. DATE SIGNED (Month, Day, Year)					
-	31, DATE FILED (MONTH) DAY, MAY) 32, REGISTRAR'S SIGNA	TH (ITEM 27) (Typo, Pr TON M) TURE	8317 Cham	Lane Lo	ryrel MD20707					
	MAY 07'90 Julia Davidson-R	indell	•		DHMH-18 Rev 1/89					

350 11 66

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ertificate be executed with	ng physiclan and comple giene prior to burial, crei	other traumatic even
requires that the death co	een signed by the attending of Health and Mental Hyy	shows any injury, or
ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi se filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 :
THE HOSPITAL DR	THE FUNERAL DIR	MPORTANT: If Iten

	FOR STATE REGISTRAR	STATE OF N					EALTH AND I DEATH	MENTA	L HYGIENI REG. NO.	E 90	0-1	14230
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH		J U 3.	TIME OF DEATH
	DAVID	WES	SLEY		Δ.	T.RRT	TTON	MONT 4	21		90 1	2:18 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH		BIRTHPLA	CE (State or Foreign
1	219-84-9127	1 🛛 M 2 🗌 F	19	YAS.	MONTHS	DAYS	HOURS MIN.	Ma V	6,197	n I	Mary	land
	9e. FACILITY NAME (If not institution, give st	reet and number)	-		9b. CITY	. TOWN C	R LOCATION OF DE		0,137	9c. COUNT	<u> </u>	
DIRECTOR	Route 34 near		:q				burg	Washi				
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c. CIT	Y. TOWN (	OR LOCAT	ION	T			100	1. INSIDE CITY
E	Maryland Wa	ashingtor	`	Sh	arpsl	huva					- 20	LIMITS?
	100, STREET AND NUMBER	asirring cor		311	ai psi		. ZIP CODE			10a CITIZE		COUNTRY?
RA	Section Control to the Control of th	+		21782							USA	
FUNERAL	213 West High St	12. WAS DECEDEN	T EVED IN II 9 A	DMEO	12	WILL DEC	ENDENT OF HISPAN	IIC OBICII	M2 (Parally Van	as No. 1		
	1 Never Merried 2 Merried	FORCES? 1	YES 2 X			If yes, sp	ecify Cuben, Mexice	n, Puerto		O, NO.		American Indien, hite, etc.
Β¥	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1   YES	2 X NO Specify	<b>y</b> :			specify: vhite	
	15. OECEOENT'S EOU		16a. C	DECEDENT'S	USUAL O	CCUPATIO	ON	168	. KINO OF BUS			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of te. Do NOT u	work done se retired.)	during mo	st of working	1.0				
COMPLETED	12	College (1-4 of 3 +	′   A	ppren	tice	P1u	mber		Plumbi	ng		
MO	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
U U	James	Weslev		Albr	itto	n	Joan		Darle	ne	Canf	ield
00	19e. INFORMANT'S NAME (Type/Print)	MESTEY	1				and Number or Rural i	Route Num				7014
2	James W.Albritto	n										
	20e. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	W. High St. Sharpsburg, MD 21782  SITION (Name of cometers, crematory or 20c. LOCATION — City or Town,					State		
	1 Donation 5 Other (Specify)	oval from State	other	ithsburg Crematory								21783
	21. SIGNATURE OF FUNERAL SERVICE LIC			CILITY		onobai	3,110	21100				
	•						ne Fune					
	P.O.Box # 348 Williamsport, MD 21795  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reculting in death)  e. Head and neck injuries oue to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):  d											
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to	death but not	t resulting	in the u	nderlyin	g ceuee given in	Part I.	24a. WAS AN PERFOR	MED?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE OBATH?  YES 2 \( \text{\text{\text{NO}}} \)
=												
<b>A</b>	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF OEATH (Ch	eck only o	nne)			
응	EXAMINER?  1 (X YES 2   NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 Nu		ne 5 🗆 Residence	8¥7 Oth	er (Specify)	Scene		
¥	27. MANNER OF DEATH	28s. DATE OF		28b. Til	ME OF	28c. IN.	URY AT		SCRIBE HOW		REO	
	1 Natural 5 Pending	(Month, D	-		иин 50а <sup>м</sup>		YES 2 X NO	Dri	ver of	nick	in tr	uck that
BY	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY At	_		tory, offic	:0	28f. LO	CATION (Street	end Number o		state control
圓	4 Homicide determined	building,	etc. (Specify)	r	oad			Rt.	34 nr	Shar	rpsbu	rg, Wash.
9	290. CERTIFIER 1 CERTIFYING PHYS.									Co.		
29e. CERTIFIER (Check only one)  2   X   MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end do												
П	29b. GNATURE AND TITLE OF CERTIFIE	R 01/	46				29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
m White the Wall									<b>▶</b> △	-21-9	90	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF DEATH (I	TEM 27) (Typ	e, Print)							
	Margarita A. K			111	l Per	ın St	reet	I	Baltimo	ore, M	ID 21:	201
- 1	** APR 23 90°	Juna Da	AR'S SIGNATURE	indell								

.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages has the within 72 hours after death with the State Deat. of Health and Mental Hydriene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M			ICATE				IEN IAI	REG. NO.	7	0-	14251
	1. DECEDENT'S NAME (First, Middle, Last)  ALMA C. Alt CR!	CHS							2. DATE MONTH	OF DEATH	Y	90	3. TIME OF DEATH  F - P M
			6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	MIN.	(Month	OF BIRTH h, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
	110 00 0001	□ M 2 ★ F	90	YRS.			Develop (A)			.5,19		Jer	sey
DIRECTOR						CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
	Sacred Heart Nursing Home					Hya	ttsv	vill	е		Pri	ince	George
E C	10e. STATE 10b. COUNTY	RESIDENCE OF DECEDENT							10d. INSIDE CITY				
FUNERAL DIR	Maryland Anne	Arund	el		Ann	apo.	lis						LIMITS?
	10e. STREET AND NUMBER					101	. ZIP CODE	Ε			10g. CIT	IZEN OF W	HAT COUNTRY?
	11 Southgate Ave	enue					214	101			T	U.S.	Α.
5	11. MARITAL STATUS 12	. WAS DECEDENT	EVER IN U.S. ARI	MED			ENDENT O	OF HISPANI		f? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W						Specify:		dicari, bio.;		Specifi	y:
- 1	15. DECEDENT'S EDUCATI	1011	I see DE	CERENTY	- HOUAL C	- COLUMNIA IV			100	YEAR OF BUIL	- MF00/IN		ite
COMPLETED	(Specify only highest grade com	npleted)	(GI	ive kind of	work done use retired.)	during mos	N st of workir	19	100	. KIND OF BUS	INESS/IN	DUSTRE	
7	Elementary/Secondary (0-12) C	College (1-4 or 5+) 2	)	Farn	2011					Agr	icui	ltur	
OM	17. FATHER'S NAME (First, Middle, Last)	>		dir	HE I		16. MOT	HER'S NA	ME (First, I	Middle, Malden		Lui	<u>e</u>
	Hermann Max Wey	ran								Mehl			
BE	19a. INFORMANT'S NAME (Type/Print)	YEI	198	b. MAILIN	G ADDRES	S (Street a				ber, City or Town	n, State, Z	ip Code)	
5	Alma W. Clap			11	Sou	thg	ate	Ave	nue	. Ann	apo.	lis,	MD 21401
	20a. METHOD OF DISPOSITION		20b. PLACE									- City or Tov	
	1 Donaton 5 Other (Specify)	from State	Met	rope	olit	an	Crem	nato	ry	Ale	xan	dria	, VA
	21. SIGNATURE OF FUNERAL SERVICE LICENS	HE //	11					SS OF FAC		01	7		07.407
	Tomanal of	Tui	1							Chap		2227	21401
	23. PART I. Enter the diseases, or com	nolicetions that	caused the de	eth. Do	not ente	the mo	de of dy	ICES	Ter	St.,	iretory a	apor.	Approximata
	ahock, or heert failure. List	t only one cau	se on each line	<b>.</b>									interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	ha	some	00 N	0.0	24	6	200	en	20	+		00-00
	resulting in death) a	DUE TO	(OR AS A CONSEC	OUENCE (	OF):	,							way!
z													
CERTIFICATION	Sequentially liat conditions, if any, leeding to immediate												
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	ause. Enter UNDERLYING											
THE	that initiated eventa DUE TO (OR AS A CONSCOUENCE OF):												
ER	resulting in deeth) LAST												
	PART II. Other aignificant conditions of	ontributing to	death but not r	reauiting	In the u	nderiyin	g ceuse	given in	Part I.	24a. WAS AN		y 24b.	WERE AUTOPSY FINDINGS
CAL	sembe de	monto								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
E	V	10 70 70 70								DF DEATH?  1 YES 2 NO			
F. M									_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	ACE OF I	DEATH (Che	eck only o	ne)			
SIC		OSPITAL:	ER/Outpatient 3	DOA	OTHE		ne 5 🗆 F	lesidence	8 🗆 Oth	er (Specify)			
HY	27, MANNER OF DEATH	28a. DATE OF INJURY 28b. TIME OF							DESCRIBE HOW INJURY OCCURED				
ВУ Р	1 Accident 5 Pending investigation	(Month, D	lly, reary	, ,	M		YES 2	□ NO					
ED B	3 Suicide 6 Could not be	28e PLACE OF INJURY — At home farm etreet factory office							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
TE	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
COMPLET	29e. CERTIFIER CERTIFYING PHYSICIA	N: To the best of	my knowledge, de	eath occur	rred at the	1lme, dete	and plac	e, and due	to the ca	iuse(a) and me	nner sa si	tsted.	
OM		on the beats of er	on end/or	Investigat	ion, in my	opinion, c	leath occu	ared at the	time, dat	a and place, er	nd due 10	the cause(e	a) and manner as stated.
EC	29b. SIGNATURE OF CENTIFIER	1 /					29c. LIC	CENSE NUL	MBER		29d. D/	ATE BISMYO	(Martin, Day, Year)
00	aples m/M	drage				022780				•	5/2	190	
5	30. NAME AND ADDRESS OF PUR ON WHO	OMPLETED CAU	SE OF DEATH (ITE	M 27) (Tyr	oe, Print)		- 0	_				t	220770
	DETER M Cock	SUGA	MO:	200	0 /01	ven	alas.	Ch	- Dr	(2000	-6-1	O+ No	111220
	167,42-1-0017/3	O BELL	-10	10-	~ 0	101	-	14			W 2 ~	KA 121	a corro

C --Granes Milate NY 95 19----regard to the same of the same

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hosp	urs after death. Page 6 may be retained by the host
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detache removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	1 - STATE OF MARYL REGISTRAR		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	90-1	14232		
- 1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH		
	Edgar Prest	on Alexa	nder	April 20		9:00 a <sup>M</sup>		
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign		
	578-18-9815 <sup>1</sup> ⅓ <sup>M2□F</sup> 5	72 YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year) 02/28/18	Count	shington DC		
	9e. FACILITY NAME (If not institution, give etreet end number)	-	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF E			
DIRECTOR	at his home		Stevensville			Anne's		
E	10e. STATE 10b. COUNTY	10c. CITY, To	OWN OR LOCATION			10d. INSIDE CITY		
E	Maryland Queen Anne's	C+c	evensville			LIMITS?		
	10e. STREET AND NUMBER	)   Ste	101. ZIP CODE	1	10g, CITIZEN OF	10 171, 10 12		
FUNERAL	PART CONTRACTOR			.				
9	912 Chesapeake Drive		<del></del>			5.A.		
5	11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT EVER IN FORCES? 1 YES	1 U.S. ARMED 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica		or No — 14. RAC Blec	E — American Indien, k, White, etc.		
ВУ	3 N Widowed 4 Divorced	ATES	1 TYES 2 NO Specifi		Spec			
	Coast Guard	WWII	l .			white		
ш	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USI (Give kind of work	done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use re	tired.)			_		
P	8	Military	& Civil Service	e City o	f Washir	aton D.C.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden S				
	Edgar Alexander		Olive	e Moran				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AO	ORESS (Street and Number or Rural		State Zio Code)			
2								
	Taylor Alexander		arpon Rd., I		21140			
	1 X Buriel 2 Cremetion 3 Removal from State	other place)	ON (Name of cemetery, cremetory or		ATION — City or To			
		aryland Ve	terans Cemeter		vnsville	, MD (AA Co		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CLUTY	ral Hor	noc DA		
	>76 w 1 dell 1.							
	Man R. Halfentren			66B, Che				
	23. PART I. Enter the diseases, or confidentina that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.							
	PART II. Other significant conditions contributing to death b	out not reaulting in t	he underlying cause given in			. WERE AUTOPSY FINDINGS		
2	COPD		PERFORMED?  AMAILABLE PRIOR  COMPLETION OF CO OF DEATH?					
Σ				—		1 TES 2 ONO		
A	AS IMPO CASE REFERRED TO MEDICAL		AA DI 105 05 051711 (0)	and and and				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	eck only one)				
YSI	1 YES 2 HO 1 Inpatient 2 En/Out		☐ Nursing Home 5 Residence	6 Other (Specify)				
표	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DEŞCRIBE HOW IN	JURY OCCURED			
ВУ	1 Hittural 5 Pending		M 1 YES 2 NO					
	3 Suicide 28e. PLACE OF INJURY	/ — At home, farm, atre	et, factory, office	28f. LOCATION (Street e	nd Number or Rural	Route Number,		
E I	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLETED	29a. CERTIFIER							
Ā.	(Check only							
ō	MEDICAL EXAMINER: On the basis of examination	en end/or investigation,	in my opinion, death occured at the	time, date end place, end	due to the cause	e) and menner ee stated.		
	296. SIGNATURE AND TITLE OF CHIEFLISH		29c. LICENSE NU	MBER	29d. DATE SIGNE	0 (Month, Day, Year)		
8	1/Nu1/1/1/1/1/	>			11/	0/10		
유	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (See C	D364		-/-	110		
	Pohort Turner	E O C	17		/	/		
	Robert J. Melfi, MD	506 Id	llewild Ave.	Eatston	MD :	21601		
	APR 23 90 32. REGISTRAR'S SIGN	undson-Randa	dlewild Ave.					

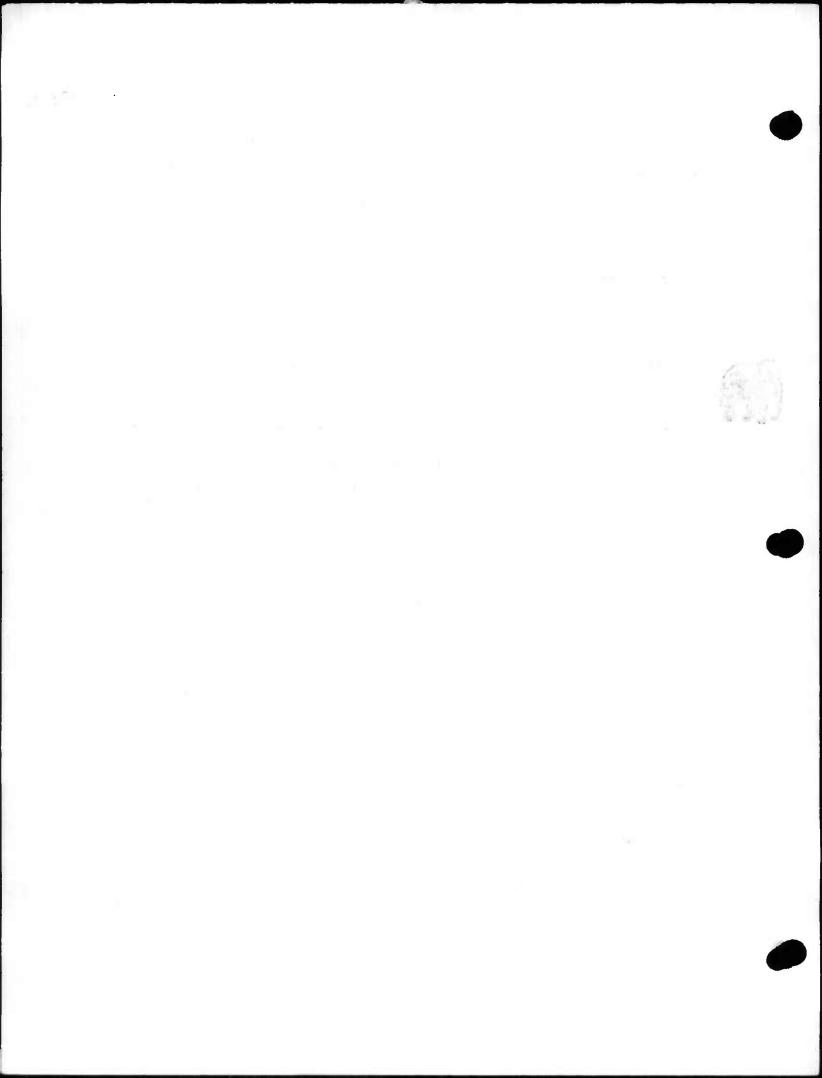
BALTIMORE, MARYL	urs after death. Page 6 may be remember	led in by the funeral director, page 5	medical examiner must be notified
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to after death, Page 6 may be relief.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	De med within 12 hours are used with the coate cept, or required and months are traumatic event, the medical examiner must be neutral.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO	1/1//	-14233	
	1. DECEDENT'S NAME (First, Middle, Last) Frances G. A	Ker			2. DATE OF DEATH	9 / 98	3. TIME OF DEATH 710 am M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	Sept. 2,	1930 Wa	SHITHPLACE (State or Foreign Country) shington, D.C.	
TOR	9a. FACILITY NAME (If not institution, give street Greater Lawel-	Beltsville	Hosp	CITY, TOWN OR LOCATION OF C	DEATH	Princ.	e Cedraes Count	
DIRECTOR	10a. STATE 10b. COUNTY	George's	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
	10e. STREET AND NUMBER 14702 4th Street			101. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	20707  13. WAS DECENDENT OF HISP		U . S . J	A .  RACE — American Indian, Black, Whita, atc.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES X	If yes, specify Cuben, Mexic 1 TYES 2 THO Spec			Specify: White	
LETEC	15. DECEDENT'S EQUICA (Specify only highest grade of Elementary/Secondary (0-12) 1.2 th Grade			NAL OCCUPATION  done during most of working  ired.)  ative Assista	16b. KIND OF BU	Governme		
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Theron Gravatt	Hone	TIGHTIITS CI	16. MOTHER'S N	AME (First, Middle, Maiden M. Bell		enc	
O Br	19a. INFORMANT'S NAME (Type/Print) Erfel E. Aker, Jr.	. (Husband)		press (Street and Number or Rura th Street, Lat	I Route Number, City or Tox		0707	
	20a. METHOD OF DISPOSITION 1	al from State Me	PLACE OF DISPOSITION	N (Name of cemetery, cremetory or Crematory	20c. LC	OCATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICES		ODCAR	Francis Gasch 4739 Balitmon	S Sons Fu	neral H	Home, P.A.	
	23. PART I. Enter the diseases, or co- shock, or heart fellure. Li	st only one cause on a	acti line:	enter the mode of dying, su	ch se cardiac or resp			
	iMMEDIATE CAUSE (Finel disease or condition resulting in death) e.	leg to f	QUE DE	by obsalio	n to		Onset and Death	
NO	Sequentielly list conditions, b.	THE FOLOR AS A	face	Car Civou		( )	2 YEARS	
CERTIFICATION	If sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):							
CERTI	thet initiated events resulting in desth) LAST							
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not result not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.   Part II. Other significant conditions contributing to death contributing to death contributing in							
PHYSICIAN: MEDICAL	<del>/</del>						1 TYES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (	2			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Minpatiant 2 ☐ ER/Outp 28a. DATE OF INJURY	28b. TIME O	☐ Nursing Home 5 ☐ Realdenc	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO				
	3 Suicide 6 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)							
COMPLETED	(Ornor orn)			t the time, data and place, and d n my opinion, death occured at t			iuse(a) and manner as stated.	
BE	AND THOMAS DE AND TITLE OF CENTIFIER	J		29c, LICENSE N	UMBER	29d. DATE SIG	GNEO (Mgnth, Day, Year) 27 90	
ТО	30. NAME AND ADDRESS OF PERSON WHO ROBERTO A . DE	COMPLETED CAUSE OF DE		GALLANT FOX	長井122	BOW	E M of 20717	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Pandall_		1954	4	04/24/90	

E.I

27

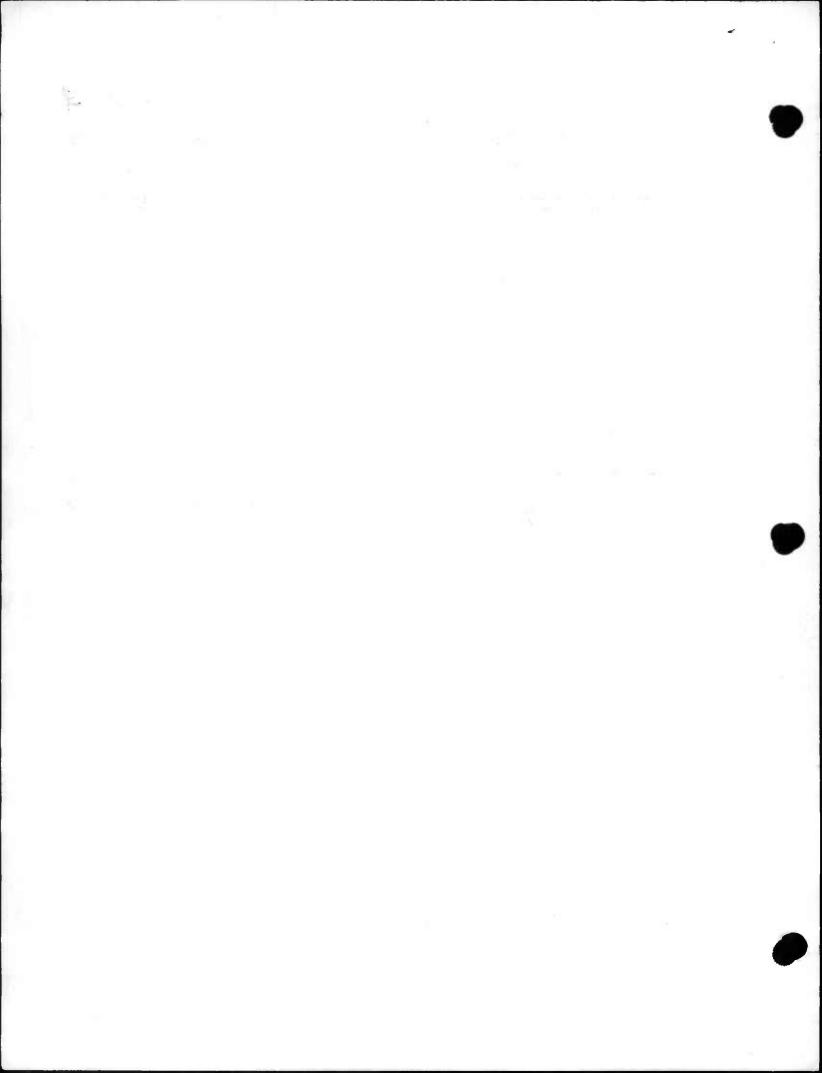
DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnishment permit permit and Mental Hygiene prior to burlia, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	OIRIE OF MAIN	CERTIFIC			MENTAL HYGIEN REG. NO		0-1	14239	
1. DECEDENT'S NAME (First, Middle, Last	)	(4)			2. DATE OF DEATH MONTH D	AY	YEAR 3.	TIME OF DEATH	
MARY ETHE	1 APSEY				05 17	-	1.41.11	01 · 30am	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign	
214-74-1165	1 🗆 M 2 🖽 🛣	96 YRS.	ONTHS DAYS	HOURS MIN.	Apr. 15,1	894	W.	VA.	
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN O	R LOCATION OF DE		_	TY OF DEAT	тн	
SACRED HEART HO RESIDENCE OF DECEDENT  10a. STATE 10b. COUN  MD All	SPITAL		Cumber	rland		L A	LLEGA	NY	
10s. STATE 10b. COUN	тү	10c. CITY, 1	TOWN OR LOCATE	ON			10	d. INSIDE CITY	
MD All	egany	Fro	stbur	a			1	XES 2 NO	
				ZIP CODE		10g. CITI	ZEN OF WHA	AT COUNTRY?	
100 Honeysuc	kle LN An	F 223		21532		1	ISA		
100 Honeysuc  1. Marital Status	12. WAS DECEDENT EVER	IN U.S. ABMED	·		NC ORIGIN? (Specify Ye		14. RACE -	- American Indian,	
The state of the s	FORCES? 1 YES			city Cuban, Mexica 2 NO Specif	n, Puerto Rican, etc.)		Black, V Specify:	Vhita, etc.	
3 Widowed 4 Divorced	W TES, OVE WAT ON	DAI LO	10.00	Z KI NO Specifi	<b>,</b> .		Whit	e	
15. DECEDENT'S ET		16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BU	ISINESS/IND			
(Specify only highest gra	College (1-4 or 5+)	Ille. Do NOT use r	k done during mos etired.)	it of worlding					
12		Housew	ife		Own Ho	me			
15. DECEDENT S EIGSpecify only highest gra Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		,		18. MOTHER'S NA	ME (First, Middle, Maider				
Marai T	On			Nolli	e Mae (I	urne	.~		
100 INFORMANT'S NAME (Type/Print)	011	19b. MAILING AI	DORESS (Street ar		Route Number, City or Toy				
Arthur H. Aps	017	110000000000000000000000000000000000000						21 5 2 2	
		0b. PLACE OF DISPOSIT			., Frost		City or Town		
200. METHOD OF DISPOSITION  1 X Auriel 2 Cremetion 3 Re	moval from State	other place)							
4 Donation 5 Other (Specify)		Sunset Me					land		
21. SIGNATURE OF FUNCIAL SERVICE	By			311 Dec	Kight atur St.	Fun	eral	Home 2150	
23. PART I. Enter the disesses, o	r complications that caus	ed the death. Do not						Approximate	
	. List only one cause on	each line.						Interval Between	
iMMEDIATE CAUSE (Final disease or condition resulting in death)	· CARDI	O PULM.	ONARY	Y FAI	Lure				
Conventially list and distance	disease or condition resulting in death)  a. CARDIO PULMONARY FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Label Injury								
if any, leading to immediate	Sequentially list conditions,  If any, leading to immediate  A D TODAGE TO TO TO TO TO TO TO TO TO TO TO TO TO								
cause. Entar UNDERLYING CAUSE (Disease or Injury	cause. Enter UNDERLYING CAUSE (Disease or Injury That initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
that initiated events	that initiated events resulting in death) LAST								
lesuiting in death) Exst	d							1	
PART ii. Other aignificant conditi	ons contributing to death	but not resulting in	the underlying	cause given in	Part i. 24a, WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FINDING	
						RMED?	A	WAILABLE PRIOR TO	
RENAL FAILURE METASTATIC DISEASE 1 YES 2 PRO COMPLETION OF DEATH?									
1 TES 2 NO								YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 14 NO  27. MANNER OF DEATH	110001711			ACE OF DEATH (C	neck only one)				
1 TES 2 HO	HOSPITAL: 1 Propertient 2 ER/O		OTHER:	e 5 🗆 Residence	8 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF INJUR			URY AT	28d. DEŞCRIBE HOW	INJURY OC	CURED		
1 Natural 5 Pending	(Month, Day, Year	) INJUI		ES 2 NO					
2 Accident Investigation 3 Suiteda 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Bural Route Number,						ite Number,			
3 Suicide 8 Could not be building, etc. (Specify)  City or Town, Stete)									
3 Suicide 8 Could not 1 4 Homicide detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM									
(Check only one)	/SICIAN: To the best of my kn								
2 MEDICAL EXAM	NER: On the basis of examina	tion and/or investigation,	in my opinion, d	eath occured at the	time, data and place, a	ind due to t	he cause(a) s	and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIF		7		29c, LICENSE NU		29d. DA1	E SIGNED (A	Worth, Day, Year)	
	Lange	1 .		1)25	5638 ▶ 5			8/90	
30, NAME AND ADDRESS OF PERSON			rint)			*	- /	, , ,	
DR. SATURNINA C	HANG, M.D	FROSTBURG	PLAZA.	FROSTBUE	RG. MD 215	32			
			,		,				
31. DATE FILED (Month, Day, Year)  MAY 2 1 1990	The same of the same of	Z 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							



		1
cal examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	/
noval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	-
y the funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	
after death. Page 6 may be retained by the hosp	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. As after death. Page 6 may be retained by the host	
BALIIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	

	FOR STATE REGISTRAR	STATE OF MA				HEALTH AND I F DEATH	MENTAL HYGIENI REG. NO.	E 90	0-14235		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA	Y ,	YEAR 3. TIME OF DEATH		
		CARLTON		RON			May 16, 1	990	1:30 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. lest b 72		UNDER 1 YEAR	+ -	7. DATE OF BIRTH (Month, Day, Year)		Country)		
	214-07-3259  9e. FACILITY NAME (If not institution, give str				b. CITY, TOW	OR LOCATION OF OR	MAY 31 19		MARYLAND TY OF DEATH		
5	Memorial Hospit					erland			legany		
ב	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			100 CITY T	OWN OR LO			10d. INSIDE CITY			
שות		EG <b>AN</b> Y			RLAND				LIMITS?		
	10s. STREET AND NUMBER		DOI 17 7110	CD 1771		10f. ZIP CODE			EN OF WHAT COUNTRY?		
CINEDAL	12310 BOWLING S	STREET	BOWLING	GREEN	<u> </u>	21502		usa			
5	11, MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT FORCES? 1	EVER IN U.S. ARME YES 2 NO R OR DATES	ED	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica	or No— 1	4. RACE — American Indian, Black, White, atc.			
ā	3 Widowed 4 Olvorced	IF YES, GIVE WA	WW11		1 T Y	ES 2 NO Specifi	y:	1	Specify: WHITE		
3	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give	kind of work	UAL OCCUPA done during	TION most of working	16b. KIND OF BUS	SINESS/INDU	STRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. D	o NOT use ri			DADTE DO	OM CIT	DEDVICOD		
OMPLE	17. FATHER'S NAME (First, Middle, Last)		A.B.L	. PLA	TAT	18. MOTHER'S NA	PARTS RO		PERVISOR .		
םם	JOHN I., AAI	RON				LULA F	ROST				
	19a. INFORMANT'S NAME (Type/Print) MARTHA J. AARON		19b. 1	070			Route Number, City or Town				
						G STREET			RYLAND 21502		
	20s. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ramo  4 Donation 5 Other (Specify)	rval from State	other place	9)		comotory, crematory or	1		ity or Town, Stata		
	21, SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	15.5.PE	I.I.P.R.	22, NAME	AND AGORESS OF FA	CILITY		RLAND MARYLAND		
	Dale L.	Y SAN	a		4		T FUNERAL		D MARYLAND		
	23. PART i. Entar the diseases, or co			h. Do not							
	ahock, or haart fallure. Liat only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition  Cerebro Vascular Acar dent								Onset and Death		
	reauting in death)										
.	OUE TO (OR AS A CONSEQUENCE OF):										
2	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO	OR AS A CONSEOU	ENOT OF							
CERTIFICATION	that initiated events resulting in death) LAST		ON AS A CONSECU	ENCE OF):							
3	PART II. Other significant conditions	a contail value to	de able beek mad and		Alexander of a reference	des esses alors le	S-21   115	ALETONON	24b. WERE AUTOPSY FINDINGS		
3	no but le	Sepsi		ulung in	tha underr	ing causa given in	PERFOR	RMEO?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
MED							1   YES 2	X NO	OF OEATH?		
2											
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		C	26 THER:	PLACE OF DEATH (C)	neck only one)				
2	1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2  28a. DATE OF I	ER/Outpatient 3 I	DOA 4		ome 5 - Residence		NJURY OCCL	JREO		
87	1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, Year)	INJUR		WORK? YES 2 NO	29d. DESCRIBE HOW INJURY OCCUREO				
	3 Suicide 8 Could not be	28a. PLACE OF building, a	INJURY — At hom itc. (Specify)	home, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLEIED	4 Homicide determined										
7	(Crock Only						to the cause(a) and ma				
	29b. SIGNATURE AND WITHER PER CENTRE AND WITH PER CENTRE AND WITHER PER CENTRE AND WITH PER CENTRE PER CENTRE PER CENTRE PER CENTRE PER CENTRE PER CENTRE		emmercen and/or in		п ту ортіо	29c. LICENSE NU			cause(a) and manner as stated.		
2	250. SIGNATURE AND THE PT	ntomo				D 332		29G. DATE	SIGNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF OEATH (ITEM	27) (Type, Pr	rint)				11170		
	Dr. Sunil Gupta Memorial Hospital Medical Bldg. Cumberland, MD 21502										

2, 3 should

OR ATTENDING PHYSICIAN; The law requires that the has be certificate to the State this ce After 1 DIRECTOR: /

0

28 is marked,

IMPORTANT: If item

FUNERAL ( HOSPITAL

THE THE

2 2 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 05 16 1990 L. WAYNE **AMICK** PM 2031 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 218 38 <del>0754</del> 0752 50 **№** M 2 | F MD 04 - 14 - 409a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Oldtown 1 TYES AND NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 72 21555 USA 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? F YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? FL YES 2 LINE
IF YES, GIVE WAR OR DATES Vietnam 1 YES XX NO Specify. Specify BY 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) final finish dept. Tire Co. 16. MOTHER'S NAME (First, Middle, Malden Surname) 17. FATHER'S NAME (First, Middle, Last)
Belmont R. Amick Dorothy M. Robertson BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Mrs. Wanetta Ann Amick Box 72 Oldtown, MD 21555 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Glendale Cemetery Flintstone, MD 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cumberland, MD 21502 23. PART I. Inter the disease, or complications that ceigled the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel Myscandil disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CHIF CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YESXIN NO ~SSn 1 🗌 YES 2 🗌 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINEDA XTOSPITAL: OTHER: 4 - Nursing Home 5 - Realdence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED XX Natural 8 Pending 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 8 Could not be COMPLETED 4 Homicide 290. CERTIFIERX the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDIGAL HAN R: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER /AI 8 90 D 36766 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Poonai, 719 Williams Street, Cumberland, MD 21502

DHMH-18 Rev 1/89

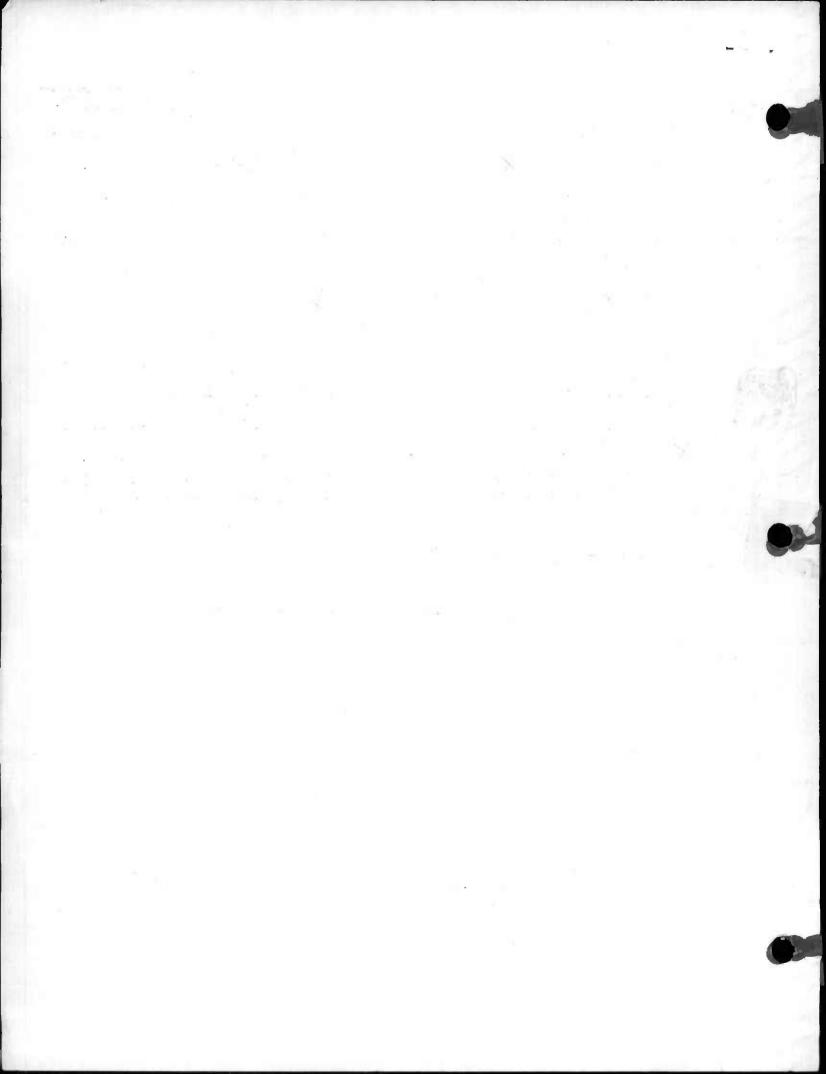
32. REGISTRAR'S SIGNATURE

DIVISION

ed for use as the burial-transit permit, Pages 1, 2, 3 should

21203-3146 tal or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF I		MENTAL HYGIENE REG. NO.	90-	14237			
	1. DECEDENT'S NAME (First, Middle, Last)  Betty M.	Amos			2. DATE OF DEATH DAY 05 07	90	3. TIME OF DEATH			
	217-26-1673	- A 33	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 12-13-1930	) 6	SHITTHPLACE (State or Foreign Country)			
OR	98. FACILITY NAME (If not institution, give street 3300 Black Rock			erstown	ATH	Balt	imore			
DIRECTOR	nesidence of decedent  100. STATE  Md.  Balti		Reister				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER 3300 Black Rock		1. ZIP CODE 21136		-	OF WHAT COUNTRY?				
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, s	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea If yes, specific Cuben, Mexican, Puerto Rican, etc.) 1  YES 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted) (Give k	DENT'S USUAL OCCUPATI dind of work done during in NOT use retired.)		16b. KIND OF BUSI					
BE COM	17. FATHER'S NAME (First, Middle, Last) George W. Jorda	n			ME (First, Middle, Maiden S B. Martin					
TO B	19m. INFORMANT'S NAME (Type/Print) Cheryl G. Blevi				d.Reister		,Md.21136			
	24a. METHOD OF DISPOSITION  1 Burlai 2 Cremetion 3 Remov  4 Donation 6 Other (Specify)		Hampstea			pstea	or Town, State d, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	J. Eline		o. Main S	Eline t.,Hampstea		ral Home . 21074			
		mplications that caused the desth st only one cause on each line.	. Do not enter tha m	oda of dying, auc	n ss cardiac or respir	atory srrest,	Approximate Interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cardiac Arrest.  Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUE)	y Hy	peste	usioon.					
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	NCE OF):	<b>V</b>						
MEDICAL C	PART II. Other significant conditions	contributing to death but not resu	ulting in the underlying	g cause given in	Part i. 24a. WAS AN / PERFORI 1 _ YES 2	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?			
AN: M							1 YES 2 NO			
PHYSICIAN:		HOSPITAL:	OTHER:	ne 5 Residence						
100	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURE	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, offi							
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(a) and manner as stated.										
TO BE CO	296. SIGNATURE AND TITLE OF CHATIFIER	postario	CM U	29c. LICENSE NUI	8981	≥ 5	GNEO (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO				•					
	MAY 10 '9U	32. REGISTRAN'S STENETHER	Martina							



TYLAND 21203-3146

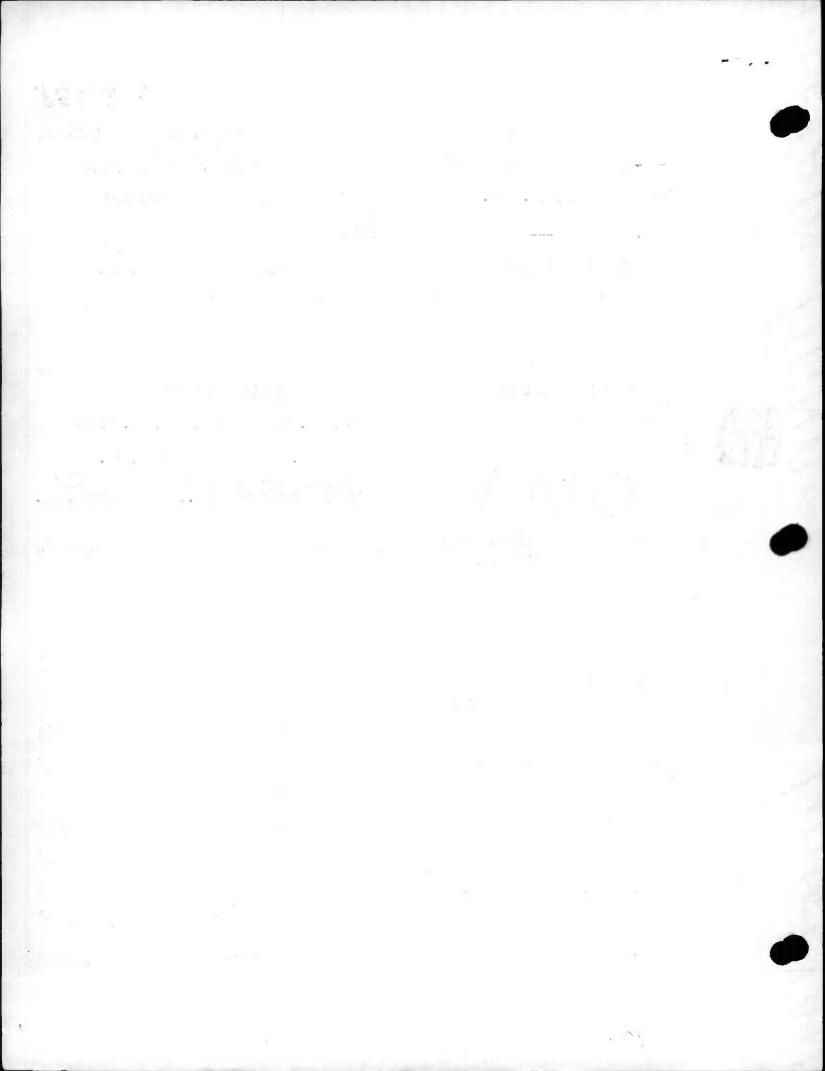
by the hospital or attending physician.

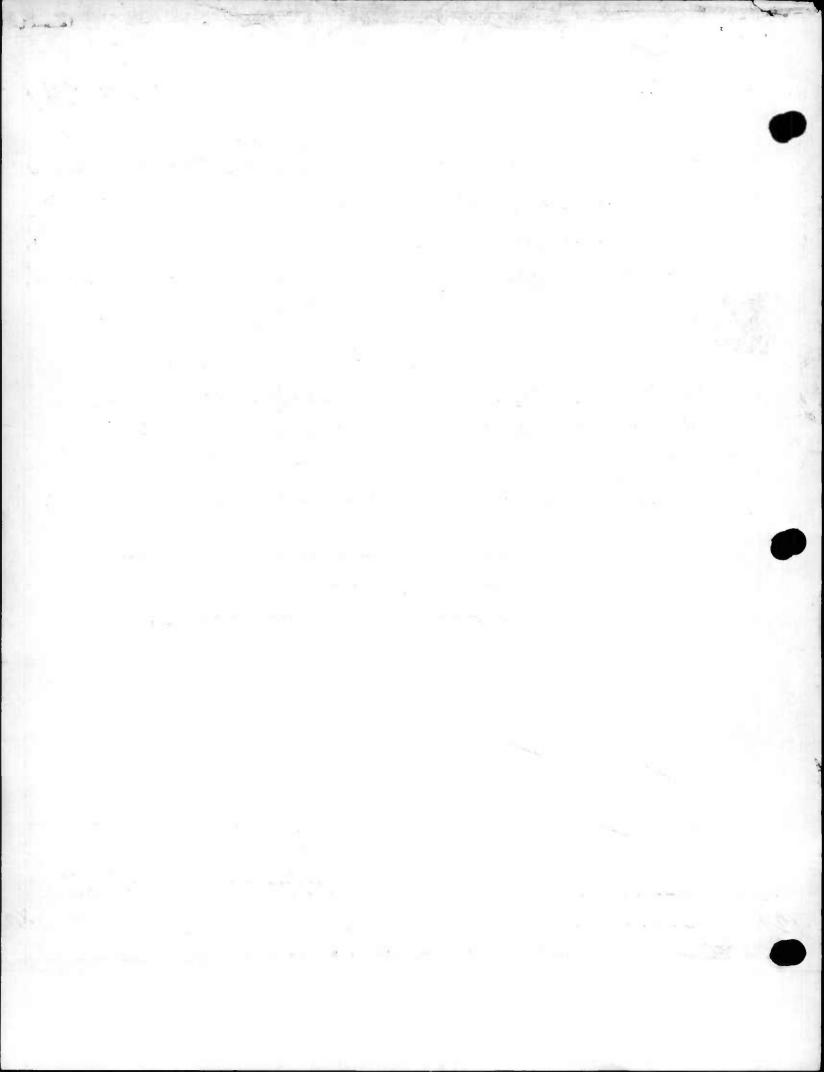
by the defacthed for use as the burial-transit permit. Pages 1, 2, 3 should

at once.

O	LC)	ъ.	w.	131
Σ	8	ē	-	Ħ
F	4	E		큠
BALTIMO	1	ã		Ē
œ	3	ĕ	F	ē
	40	6	E	dic
	8	d in	00	me
	ž	fille	90	94
•	8	lely	mati	1, 1
ú	W.	ple	Crei	10
4	pen	TO3	al,	5
က	200	D.	prince	atic
	8	In a	2	E
<u></u>	9	sicia	100	E
m	cat	E S	96	6
	entit	9	gie	등
9	10	pud	Ť	0
1	Jeal	atte	ща	Z.
Ś	be c	the	Me	른
2	të	3	and	y i
Ö	\$	peu	4	9
ŏ	nire	Sig	Fee	¥
Щ	9	een	0	S.
-	3W	e p	ept.	23
A	2	a ha	e	E
E	N.	Cat	Stat	He
>	CEA	ertif	the	0
<b>H</b>	S	is c	5	ed,
0	4	r th	4	F
Z	N.	Afte	deat	E
$\frac{1}{2}$	EN	G.	ler	25
2	A	E	af	2
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	8	SE	90	mel
	A	K	2	Ξ
	PIT	ER	9	E
	오	FUN	THE STATE OF	TAN
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after them. Presented the second seco	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunners of	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remorm	MPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical manner of
	I O	T O	19 9	MP
			ŏ	100

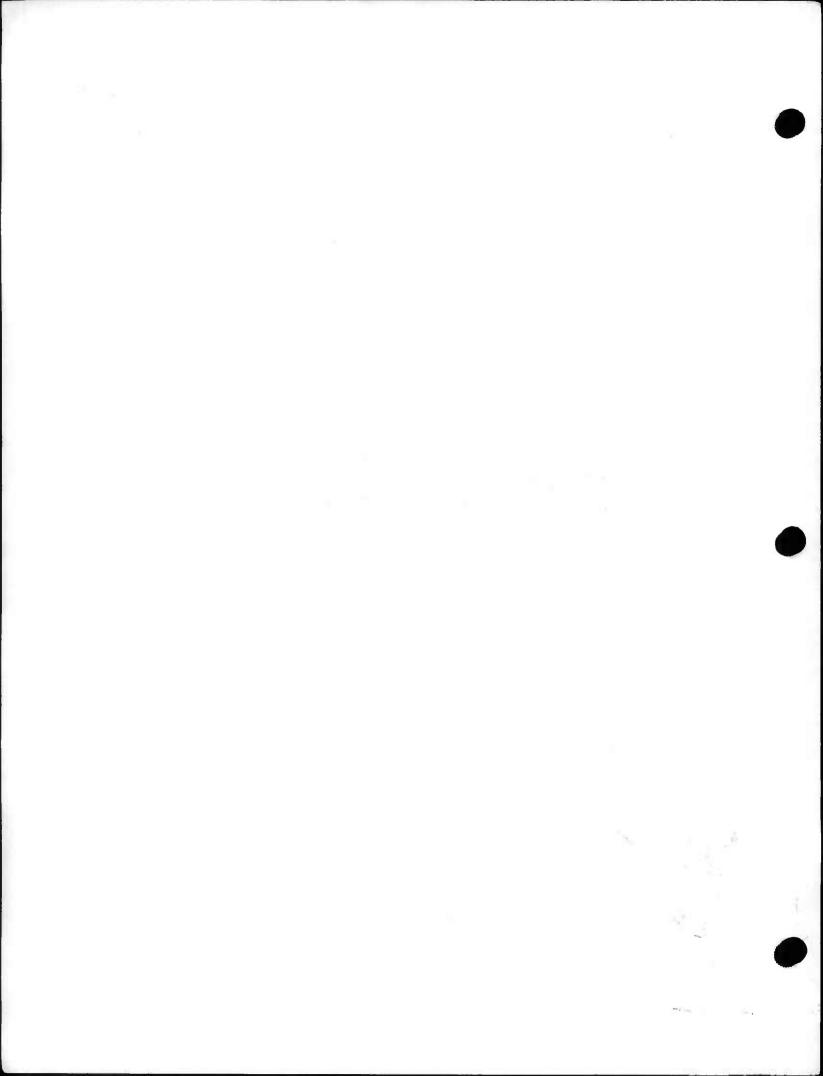
FOR STATE REGISTRAR	STATE OF MARY		CATE OF		REG. NO.	90	-14238			
1. DECEDENT'S NAME (First, Middle, Last, Dori		bert			May 9,	1990 "	EAR 1/30 a.M			
4. SOCIAL SECURITY NUMBER 218-30-6563	5. SEX 6. AGE	(In yrs. last birthday) _	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Judy 9,19	6.	BIRTHPLACE (State or Foreign Country) Maryland			
90. FACILITY NAME (If not institution, give 101 Brookebur		C		or Location of DEA sterstown	NTH .	Baltimore				
RESIDENCE OF DECEDENT  10e. STATE  Md .	TY		, TOWN OR LOCAL Baltimos				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 5914 Highg	ate Drive		10	f. ZIP CODE	5	-	N OF WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 A NO	If yes, sp	•	C ORIGIN? (Specify Yea , Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: White			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of white. Do NOT use HOUS)	USUAL OCCUPATION ork done during more retired.)  eWife	ON ost of working	16b. KIND OF BUS	emeki				
17. FATHER'S NAME (First, Middle, Last) Lemuel	Campbell				NE (First, Middle, Meiden s	Sumame) htler				
Linda Ensor					Reisterst					
20a. METHOD OF DISPOSITION 14. Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)  Lorra:	ine Park			odlawi	y or Town, State			
21. SIGNATURE OF FUNERAL SERVICE I	Chlaral A		Eckh	no address of factors	eral Chape	l , Owin	21117 ngs Mills, Md			
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificent condition ASCVD. Recent	cere prove	10		AUTOPSY MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Cho	ck nahr noel					
EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER: 4 - Nursing Hon	ne S Residence (	B C Other (Specify)					
27. MANNEY OF DEATH  1 Natural 5 Pending 2 Accident Investigation		INJ	M 1	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCUI	RED			
3 Suicide 8 Could not b	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, a pecify)	treet, factory, offic	90	281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,			
one)	SICIAN: To the best of my known NER: On the beste of examinat						ceuse(e) and manner ee stated.			
296. SIGNATURE AND TITLE OF SERTIF	en lull	1. Kur	re	29c. LICENSE NUM	1873	29d. DATE S	SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON Y	HO COMPLETED CAUSE OF I	PEATH (ITEM 27) (Type,	Print)	oldco	urtRd.	Bi	1to, MD, 212			
31. DATE FILED (MONT), Pay You 'YU	32. REGIETAN	MANUSACE I								





NO NO	he hos	detach	once.
BALTIMORE, MARYLAND	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MA MA	e retai	le 5 sh	not!
Ä,	may t	or, pag	ist be
MO	age 6	direct	er mi
5	eath. P	funeral	camin
BA	after d	noval.	cal ex
	hours	or rer	medi
	in 24	ely fille	the .
46,	ad with	omplet II, cren	елеп
131	execut	and c	matic
ŏ	ate be	ysician prior t	tran
B	sertifica	ling ph ygjene	othe
9.	death o	attend mtal H	ry, or
DS,	if the	by the	ılılı
O.B.	res tha	igned ealth a	rs an
REC	requir	een s	show
AL I	he law	has be	m 23
TIV	IAN: T	tificate e Stat	or Ite
FO	HYSIC	his cer	ked,
N N	JING P	After the	mar
ISIC	TENC	after of	28 Is
<b>~</b> €	DR	DIRE	Item
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL	TO THE FUNCRAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the : be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: If
1/2/	HE HO	HE FU	ORTA
	5	De €	IMP

	1 - FOR STATE OF MAF	YLAND / DEPARTMENT CERTIFICATE		NTAL HYGIENE AREG. NO.	0-14240			
	1. DECEDENT'S NAME (First, Middle, Last)	T)		DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 8.	exstan		4.28-	90 12.55%			
	578-26-4791 ¹□ <b>м²∑</b> ₩	GE (In yrs. lest birthday)  6 C, YRS.  MONTHS		DATE OF BIRTH (Month, Day, Year) Oct 8,192	8. BIRTHPLACE (State or Foreign Country)  Va.			
œ	9a. FACILITY NAME (If not institution, give street and number)		TOWN OR LOCATION OF DEATH	9c. C0	DUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEMENT		MINTON		O WWWY			
IRE	10a. STATE 40b. COUNTY	10c. CITY, TOWN OF			10d. INSIDE CITY LIMITS?			
0	Md. P.G.	Upper	Marlboro	100.0	1 ☐ YES 25 NO			
FUNERAL	9105 Goldenrod Lane		20772	log. C	USA			
N	11. MARITAL STATUS 12. WAS DECEDENT EV		VAS DECENDENT OF HISPANIC C					
ВУ F	1 Never Married 2 X Married FORCES? 1 FYES, GIVE WAR (		yes, specify Cuban, Maxican, Porty:  YES 2 XIXO Specify:	uarto Rican, atc.)	Specify: White			
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USUAL OC	CUPATION	18b. KIND OF BUSINESS/I				
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or 5 +)	(Give kind of work done d life. Do NOT use retired.)	luring most of working					
MPL	12 0	Homemake	er	Own Hor	me			
	17. FATHER'S NAME (First, Middle, Last)		V. 1040-000 1 1 100	(First, Middle, Maiden Surname	·			
BE	Frank Yew  19a, INFORMANT'S NAME (Type/Print)	10h MAII ING ADDRESS	Minnie (Street and Number or Rural Route	M. Whitti				
2	Clarence Balderston		10a-10f.	raman, one or lown, orang,	Lip doddy			
	209. METHOD OF DISPOSITION 1-6.] Burlel 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSITION (Ner	me of cemetery, crematory or	20c. LOCATION	— City or Town, Stata			
	21. SIGNATURE OF FUNEDAL BENVICE LICENSEE	66	NAME AND ADDRESS OF FACILITY 333 Old Alex	M Lee Fune: Kander Fer:	ral Home,Inc. rv Road			
	JEBY Y	C1	linton,Maryl	land 20735				
	23. PART i. Enter tile diseases, or complications that ca shock, or heart failure. List only one cause		the mode of dying, such as	s cardiac or respiratory	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition		00/0	1 F	Onset and Death			
	resulting in death) a. DUE TO (OR	AS A CONSEQUENCE OF):	respira	ton +	artice			
Z	Sequentially list conditions,	emmala	d Intro	raeculi	- Coopulation			
ATIC	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):	11	0 1-	1000			
FI	that initiated events	AS A CONSEQUENCE OF):	stoin tongt	in of B	Colon W			
CERTIFICATION	resulting in death) LAST	emons	d) Ove	2NY				
AL C	PART II. Other significant conditions contributing to de-	th but not resulting in the un	derlying cause given in Par	t i. 24s. WAS AN AUTOPS	SY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
		<del></del>		_ 1 □ YES 2 → NO	COMPLETION OF CAUSE OF DEATH?			
MEDIC				-	1   YES 2   NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check	only one)				
SICI	EXAMINER?  1 YES 2 NO HOSPITAL:  1+ Tripatient 2 E	/Outpetient 3 DOA 4 Num		3453 255-54				
¥	27. MANNED OF DEATH 28s. DATE OF INJ (Month, Day,	URY 28b. TIME OF		d. DESCRIBE HOW INJURY	OCCURED			
BY	1 Netural 5 Pending 2 Accident Investigation	м	1 YES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	JURY — At home, farm, street, facts (Specify)	ory, office 26	M. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,			
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred at the ti	ime, date and place, and due to t	the cause(s) and manner as:	stated.			
MO	one) 2 MEDICAL EXAMINER: On the basis of exam	Instion and/or investigation, in my o	pinion, death occured at the tim	e, data and place, and due to	o the cause(a) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBE	R 29d. 0	DATE SIGNED (Month, Day, Year)			
5	30. NAMÉ AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type Print)	27/00	010	14.30.90			
	MOTIL KOLL	MD -	3710 RI	VIEVA S	to 20748			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S	SIGNATURE (Danda 00)	1	The state of the s				
	MAY 04 90 Julia Davidson	Marketon						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

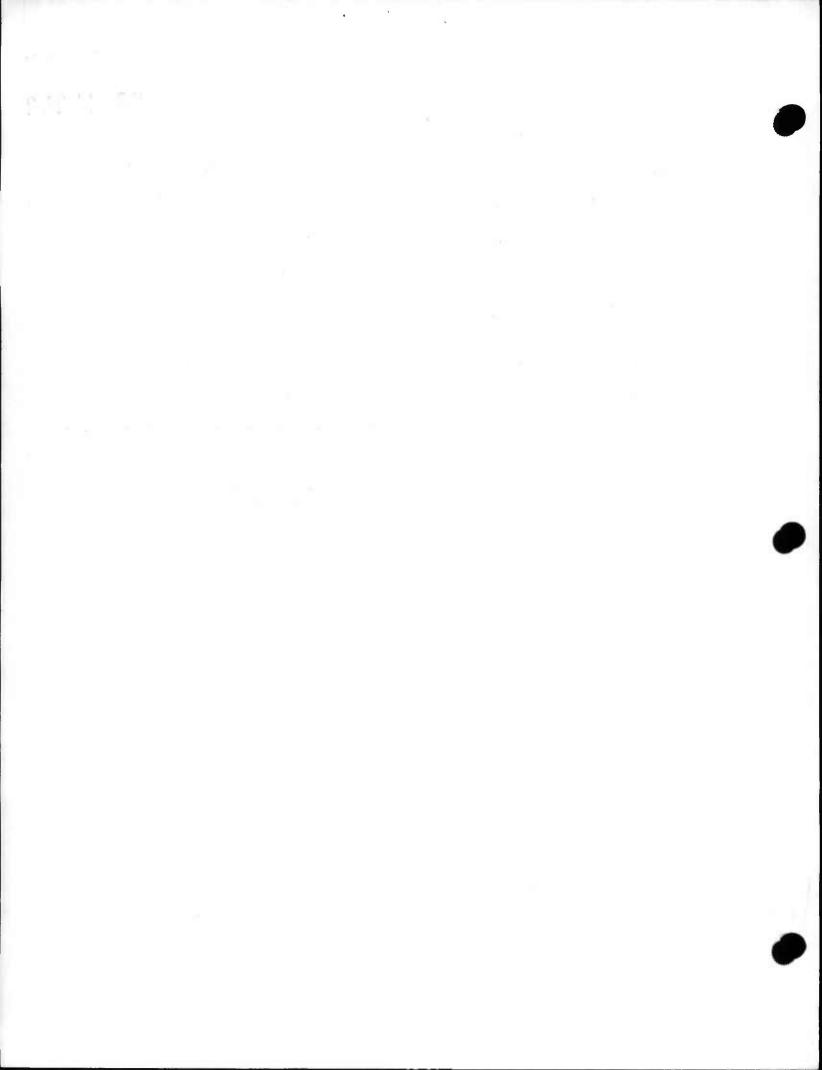
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA					EALTH AND DEATH	MEN	REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)  ANNA	R. E	BLAINE					M	OATE OF DEATH		YEAR 90	6:45AM M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last b	irthday)	IF UNDER		IF UNDER 24 HRS.	1 7 0	ATE OF BIRTH			ACE (State or Foreign
	578-03-4294	1 M 2 XX	88	YRS.	MONTHS	DAYS	HOURS MIN.	MA	Month, Day, Year) Y 12,190		WASHI	NGTON D.C.
œ	9a. FACILITY NAME (If not institution, give		0=11=0				R LOCATION OF D	EATH			TNICE (	GEORGE 'S
2	PRINCE GEORGE'S	HOSPITAL (	CENTER		(	SHEV	ERLY			FK	TINCE	GLONGE 3
DIRECTOR	10e. STATE 10b. COUNT				Y, TOWN O							Id. INSIDE CITY LIMITS?
	MARYLAND PRINC  100. STREET AND NUMBER	E GEORGE		NEW	CARE	7	ZIP COOE		1	10g. CIT		YES 2 NO
FUNERAL	8306 VERONA DRIVE					2	0784			UNITED STATES		
S	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMI	ED			ENDENT OF HISPA		RIGIN? (Specify Yea arto Rican, etc.)		14. RACE -	- American Indian, Vhite, etc.
- B	1 Naver Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		1 Tes 2 No Specify:						Specify: WHITE		
0	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	18a. DECE	DENT'S	USUAL OC	CUPATIO	N st of working		16b. KIND OF BUS	INESS/INI		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	He. D	o NOT us	e retired.)	amy mo	a di di di di di di di di di di di di di		DOMESTIC			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HOME	MAKI	SK		1e. MOTHER'S N.	AME (F	DOMESTIC			
BE C	CHARLES E. WISE						ANNIE					
6	19a. INFORMANT'S NAME (Type/Print)								Number, City or Town			
_	PAUL BLAINE JR.						NEW CAR		LITON, MI		784 • City or Town	
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	CEDIAR	9)							D. MD	, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	A CHOTEC .		22.	NAME AN	D ADDRESS OF F		Υ		U. MU	
	· Kelan	I Kou	0						NERAL HOM		- MD 2	20706
	23. PART Enter the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	Dn eech line.	5	not enter	the mo	de of dying, eu	ch ee	cerdlec or reepir			Approximate interval Between Onset and Death
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
	PART II. Other significent condition	ns contributing to d	eeth but not re-	uiting		-		n Part				VERE AUTOPSY FINDINGS
20	Recent	Polyno	019-	r	E	de	ma,		PERFOR	_	C	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
M	016 6	5.(a) e-	al H	P	P	10	חוזקי				1	☐ YES 2 → NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OEATH (C	heck o	nlv one)			
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	₹:	e 5 🗆 Residence					
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		26b. TIN	IE OF JURY M		URY AT PRK? YES 2 NO	280	I. DEŞCRIBE HOW IF	NJURY OC	CCURED	
	3 Suicide e Could not be 4 Homicide determined	28a. PLACE OF building, et	INJURY — At hom ic. (Specify)	e, farm,	street, fact	ory, offic	•	281	. LOCATION (Street a City or Town, State)	nd Numbe	er or Rural Rou	rte Number,
COMPLETED	(Orlock Only	SICIAN: To the best of m										and menner as stated.
TO BE C	29b. SIGNATURE AD HILE OF CERTIFIE	ER L	D. J.	1	<i>D</i> .			0	01	▶ 3	5/2/	Jorth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W Stuart T. Tu	HO COMPLETED CAUSE	18,17.	D.	G	5-0 rec	-nbel	ee 1	tack.	20	770	Dr.#430
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	ndelle	2							
	WAY 04'90	guara	White - 1	4 -								DHMH-10 Rev 1/89



90-14242

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI			MENTAL	HYGIENE		90	11.21	-
	i	1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE	OF DEATH		3. 1	TIME OF DEATH	4
	1	John	HON	Brounds	a. II	Т	MONTH	9" 4	0.19	FO	735 M	ı
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	,	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLAN	CE (State or Foreign	٦
목		579-30-1225	1 T M 2 D F 62	YRS. MONT			08/0	3/27	A	uror	a, W.VA	_
shor	œ	9a. FACILITY NAME (If not institution, give st	reet and number)	9h.		OR LOCATION OF DE	EATH		9c. COUNTY			J
	DIRECTOR	RESIDENCE OF DECEDENT	neral H	PIA		verda	10		Tre		Clear	Ä
S Local	E I	Maryland Pri	ince George's	10c. CITY, TO	miortoca .1ege					1000	LIMITS?	
		10e. STREET AND NUMBER	ince dedige s			M. ZIP CODE			10g. CITIZEN			H
a st	FUNERAL	4903 Huron Stree	t			20740			U.	S.A.		
46 physician burial-tran	P.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED 2 NO		CENDENT OF HISPAI pecify Cuban, Mexica			or No 14.	RACE - / Black, Wi	American Indian, ilta, atc.	٦
Bing at	Æ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT KOrean	TES:	1 TYE	S 2X NO Specif	y:			Specify:	White	
203-		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUA (Give kind of work of	tone durina m	ION lost of working	16b.	KIND OF BUS	INESS/INDUS	TRY		
212 Ital or I for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use reti	red.)	•		-	7.4			
AND the hosp detached	N N	12th -		Draftsma	ın	18. MOTHER'S NA	ME (First 1	RC				4
A the de de de de de de de de de de de de de		John Hoy Brown, I	I			Alice						
MARYLAND  s retained by the hospit  5 should be detached notified at once.	) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street	and Number or Rural				de)		٦
De co	٩	Jean N. Brown				treet, C	olleg	_				
ORE, e 6 may ector, pag		20a. METHOD OF DISPOSITION  1 N Burial 2 Cremation 3 Remo	oval from State	PLACE OF DISPOSITION other place)					CATION — City			
ALTIMORI teath. Page 6 m funeral director, xaminer musi	İ	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		ryland Sta	22. NAME A	AND ADDRESS OF FA	CILITY				laryland	$\exists$
BALTIMORE er death. Page 6 may the funeral director, pa rai.		· Phiti	· K.Ko	rest	Franc	is Gasch	's Sc	ons Fur	neral	Home,	PA	
aft of C		23. PART I. Enter the diseases, or o	complications that caused	the death. Do not e		Baltimore					MD 20781 Approximata	4
3 5 E		ahock, or heart failure.	List only one cause on ea	ich line.	1.						intarval Between Onset and Dasth	
6, within 24 inpletely fille cremation.		disease or condition resulting in death)	Landis	mololin	ng	•						
4 8 2 3 9			DUE TO (OR AS A	CONGREGUENCE OF:	Die	refil -						
OX 13146.  e be executed we sician and comprise to burial, or traumatic eve.	ON ON	Sequentially list conditions,	DUE TO ORAS A	CONSEQUENCE OF:	7 -3							-
8 8 9 1	CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	COLUMN TO THE PROPERTY OF								
\$ 55 g	FIF	that initiated evants reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
	CERTIFICATION		d									
		PART II. Other aignificant condition	a contributing to death bu	ut not resulting in th	e underlyii	ng cause given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS ILABLE PRIOR TO	
	MEDICAL						-	1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?	
RECOR w requires that been signed nt. of Health a	ME						- 1			1 [	YES 2 NO	
. 6 0 0 0	IAN	25. WAS CASE REFERRED TO MEDICAL			26. [	PLACE OF DEATH (C/	neck only or	76)				4
	PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 Ø ER/Outpe		HER: Nursing Ho	me 5 🗆 Residence	6 🗆 Othe	r (Specify)				
. 9 9 5	F	27, MANNER OF DEATH  1 Return 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. IN	JURY AT KORK?	28d. DE	SCRIBE HOW II	NJURY OCCUP	RED		
	BY	2 Accident Investigation	28s. PLACE OF INJURY	— At home form street		YES 2 NO	284 1.00	ATION (Street a	and Number or	Dural Doub	Mumber	4
	8	3 Suicide 6 Could not be determined	building, etc. (Speci		, rectory, orn			or Town, State)	ING NUMBER OF	norer noute	Nurrium,	
DIVISION OR ATTEN DIRECTOR: bours after Item 28 It	COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	ledge, death occurred at	the time, dat	te and place, and du	to the ca	use(a) and man	ner as stated.			
医强能量	OM	onel —	R: On the basis of examination							ause(a) an	d menner as stated.	
TO THE HOSPITAL TO THE HOSPITAL TO THE FIGHERAL TO THE HOSPITA	BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	Must			29c. LICENSE NU	MBER		29d. DATE S		onth, Day, Year)	٦
IN TERM	TO B		Jan 4			22428	3		▶ 4.	30-9	se -	
IUA)	-	M. YUSUF M.D	6 COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	Rom	rd Lan	se	1 MD				
		31 DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	,							$\dashv$
		MAY 0 2 90	who Savidson Ban									



BALTIMORE, MARYLAND 21203-3146	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL OHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	xecuted within	and completely burial, cremat	ratic event,
BOX	ificate be en	physician a	ther traum
P.0.	feath cert	attending ntal Hygie	ry, or of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the d	TO THE FUNERAL OHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	3 shows any injur
VITAL	IAN: The I	e State De	or item 2
OF	PHYSIC	this cer	irked, c
DIVISION	TAL OR ATTENDING	VAL OIRECTOR: After 72 hours after death	if item 28 is ma
	TO THE HOSPI	TO THE FUNER be filed within	IMPORTANT:

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR	STATE OF MAR				DEATH	D MENI	REG. NO	_		
1. DECEOENT'S NAME (First, Middle, La		ELTON	,			MO		AY	YEAR	6.00 PM
. SOCIAL SECURITY NUMBER		NGE (In yrs. last birthde		ER 1 YEAR	IF UNDER 24 HI	s. 7. DA	5 6		990 B. BIRTHPI	ACE (State or Foreign
579-12-2777	1 🗌 M 2 🔀 F	95 YRS	MONTHS	DAYS	HOURS MI	M. (Mi	onth, Day. Year) 1gust 22		Country)	uth Caroli
. FACILITY NAME (If not institution, gi	ve street and number)		9b. CI	TY, TOWN	OR LOCATION O		25000	9c. COUNT		
Presidental Woo	ds Nursing H	ome		Ade:	lphi			PG	Ī	
esidence of decedent		10c.	CITY, TOWN	OR LOCA	TION					0d, INSIDE CITY
MD Mo	ntgomery	St	ilver	Spr	ing					LIMITS? YES 2 NO
3201 16th Str	eet Apt 101	3		10	20910					AT COUNTRY?
. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	13	If yes, sp	ENDENT OF HI ecify Cuban, Me 2 NO S	xican, Puer	GIN? (Specify Year to Rican, atc.)	e or No— 1	Black, Specify:	- American Indien, White, atc.
15. DECEDENT'S I (Specify only highest of		16a. DECEDEN	T'S USUAL	OCCUPATION	ON ost of working	1	16b. KIND OF BU	SINESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 8+)	Me. Do NO	T use retired.	.)						
8th		Bin	dry C	lerk			Govern	ment		
FATHER'S NAME (First, Middle, Last)  John E. Quick					Jane	Mude Mude	st, Middle, Malden d	Sumame)		
a. INFORMANT'S NAME (Type/Print)  Jane Grant Wint	ONG	19b. MAIL	3201	ss (Street	nd Number or R	ural Route N	Apt 101	3 State, Zip C	Code)	
BALLE CLASS WILL	612	20b. PLACE OF DIS				4d.	20910			
Burial 2 Cremation 3 F Donation 5 Other (Specify)	lemoval from State	other place)	ncoln	Name of ce	orial I	or Og rele	20910 20c. LC	uitlan	ity or Tow	n, Stata
. SIGNATURE OF FUNERAL SERVICE	LICENSEE		2	. NAME A	ND ADDRESS O	F FACILITY	Marcha	ll's t	iu, w	a Tuma
+ J.P. M.	orshall	,			42 Wa	17 shing	9th St	treet;	200	al Home
MMEDIATE CAUSE (Final disease or condition resulting in desth)	DUE TO (OR	AS A CONSEQUENCE	E OF):	he	Reco	un				Onset and Deat
f sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST	C	AS A CONSEQUENCE								
PART II. Other significant condi Dio Wilso Renal	tions contributing to des	60.	ng in the	undariyin	g cause give	n in Part i	. 24e. WAS APPERFO	RMED?		I YES 2 NO
S. WAS CASE REFERRED TO MEDICA					LACE OF DEATI	I (Check only	y one)			
1 YES 2 THO	HOSPITAL: 1   Inpatient 2   ER	/Outpatient 3 🗆 DO	A 4 DA		ne 5 🗆 Reside	nce 8 🗆 0	Other (Specify)			
7. MANNER OF DEATH  1   Metural 5   Pending Investigation	28a. DATE OF INJ (Month, Day, Y		TIME OF INJURY M	W	JURY AT ORK? YES 2 NO		DESCRIBE HOW	INJURY OCCI	URED	
3 Suicide 8 Could not determine	26a. PLACE OF IN building, etc.	JURY — At home, far (Specify)	m, street, fi	ectory, offic	20		OCATION (Street City or Town, State		or Rural Ro	ute Number,
one)	HYSICIAN: To the best of my									and menner as stated.
BOH, VOL	HA /	tendig (		(6.	29c. LICENSE	NUMBER	9	29d. DATE  ▶ 5	SIGNEO	Mbnth, Day, Year)
DON H. YO	blooduit	c, mo	Type, Print)	o G	reenbe	14 R	d, su	u te 1	01,0	rections
I. OATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE ASMOCIL	e							
MAI	1							-		DHMH-18 Rev

(	(	E	
BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transh purms be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
X 13146,	be executed within a	ian and completely or to burial, crematic	aumatic event, th
P.O. BO	eath certificate	sttending physic ital Hygiene pric	y, or other tr
RECORDS,	requires that the de	been signed by the control of Health and Mer	shows any injur
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law	this certificate has with the State Dept	nrked, or item 23
DIVISION	YTAL OR ATTENDING	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	f. if item 28 is ma
	THE HOSP	THE FUNE be filed within	IMPORTANT

	REGISTRAR		CERTIF	CATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		0			2. DATE OF DEAT	H DAY	YEAR 3. TH	ME OF DEATH		
	I AMES		13 4	ELL		MAY	1 19	190 /	2:05 m		
		6. AGE (A	yrs. lest birthday) 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	?. DATE OF/BIRTH	59		E (State or Foreign lorida		
	9e. FACILITY NAME (If not institution, give street a	nd number)		9b. CITY, TOWN	OR LOCATION OF DEA	TH	9c. COUR	TY OF DEATH			
DIRECTOR	Greater Laurel Nursi	ng Homeosp			Pri	nce Ge	orge				
EC	10e. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LOCA	TION				INSIDE CITY		
	Maryland Anne Ar	unde1	La	urel	or, ZIP CODE			1 🗆	YES 2 NO		
FUNERAL	376 Old Line Avenue			10	20724		USA	ZEN OF WHAT (	OUNTRY?		
BY FU	11. MARITAL STATUS  1	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 XNO TES	If yes, s	CENDENT OF HISPANIC pecify Cuben, Mexican, S 2/ NO Specify:			14. RACE — An Black, White Specify: W	merican Indian, te, etc. hite		
8	15. DECEDENT'S EDUCATIO		18e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND O	F BUSINESS/IND	USTRY			
Щ		flege (1-4 or 5+)		vork done during m se retired.)							
COMPLETED	12	0	Meat	Cutter			il-Groc	ery			
00	17. FATHER'S NAME (First, Middle, Leist)  James Vernon Bell				Emma Be						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural Ro	ute Number, City o	r Town, State, Zip	Code)			
5	Evelyn Bell					Laurel,		724			
	20g. METHOD OF DISPOSITION  1 N Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	rom State 20b.	other place)		emotory, cremetory or lemorial P		LOCATION -				
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	E E	עויו		AND ADDRESS OF FACI						
18	John Swa	0			Sandy Sp						
	23. PART I. Enter the diseases, or companock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on as	ich line.			aa cardlac or i	reapiratory arr	eat,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury										
ERTIF	that initiated events resulting in death) LAST  d.										
	PART ii. Other algnificant conditions co	ntributing to death b	ut not resulting i	n the underivi	ng cause given in F	Part I 24a WI	S AN AUTOPSY	24b WEBI	E AUTOPSY FINDINGS		
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Alzheimers Disease/Parkinson's Disease  Thyrothyroidish								ABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 NO		
ä											
2		SPITAL:		OTHER:	PLACE OF DEATH (Chec						
PHYSICIAN: M	1 YES 2 MO 1	Inpatient 2 ER/Outp	atient 3 DOA 28b, TIM		me 5 Residence 8	Other (Specify 28d. OESCRIBE H		CURED			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	200. OESCRIBE P	OW INSONT OC	JONED					
1	3 Suicide 8 Could not be 4 Homicide determined										
COMPLETED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.										
BE	201. SIGNATURE AND TITLE OF CENTIFIER	2 M	>		DASY	3 ()	29d, DAT	E SIGNED (Mont	thy Day, Year)		
5	John MARGO		14773	Laur	el Pou	e Rd	#307	1600	el. MO		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE Randal	2					20108		
	MAINT OT AC										

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146	1	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, a minimal	J	-
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burkal, cremation, or removal.	,	_
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	100	

	1	FOR STATE REGISTRAR		STATE OF I	/ARYLA			TMENT				MEN		YGIEN EG. NO.	_		
Г		1. DECEDENT'S NAME (First,	, Middle, Last)										ATE OF C			VEAR	3. TIME OF DEATH
١.,	1	Vivian	Shirle	ey Byrd									онтн [ау	1		990	8:30 p M M
1		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (/	in yrs. last l	birthday)	IF UNDER		_IF UNDER	7		ATE OF B			8. BIRTI- Counti	IPLACE (State or Foreign
h	Ì	230 -42-71	.87	1 ☐ M 2 🙀 F	54	-	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr. 23, 1936 Virginia					
y.		9a. FACILITY NAME (If not institution, give street and number)						9b. CITY	, TOWN	R LOCATI	ON OF O					NTY OF D	
7 g		1713 Arcola Avenue Wheaton Montgomery															
Į		RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION															10d. INSIDE CITY
DIBECTOR		Maryland		gomery			-			ION							LIMITS?
	116.	10e. STREET AND NUMBER		gomery			W	heat		. ZIP COD	·E				40° CIT	17EN 05 N	1 € YES 2 NO
AA		1713 Arc		700110					100	. 211 000	-						WHAT COOKINT?
FIINFRAI		11. MARITAL STATUS	OLA AV	12. WAS DECEDEN	IT EVED IN	III Q ADM	ED	12	WILL DEC	ENDENT (	OE HIEDA	NIC OF	HGIN3 (8)	anothy Var		JSA_	E — American Indian,
	- 11	1 Never Merried 2	Merried	FORCES? 1	YES	2 X NO			If yes, sp	ecify Cube	en, Mexica	an, Pue			01 110-	Black	k, White, etc.
2		3 Widowed 4 Divo	proed	IF YES, GIVE Y	mn on DA	41ES			1 📋 153	2 (34 NO	Speci	ry:				apec	White
6		15, DEC	CEDENT'S EDU	CATION	- 1	16a. DECI	EDENT'S	USUAL O	CCUPATIO	ON of work	ina		16b. KIN	O OF BU	SINESS/INI	DUSTRY	
1		Elementery/Secondary (0		College (1-4 or 5	+}	life. L	Do NOT us	e retired.)	during mo	or or work	119						
2		1-12		N/A		A	rtis	t					Gait	her	sburg	Pub	lishing Co.
COMPLET		17. FATHER'B NAME (First, M												incar	Surname)		
H.		Howard		rley		_					iola						
2		19e. INFORMANT'S NAME (7				-									m, State, Zij		
		David			1								, Ga		ersbu		Md. 20879
		20e. METHOD OF DISPOSIT  1	on 3 🗌 Rem	noval from all	206.	other plac	(90										
	ŀ	4 ☐ Donation 5 ☐ Other 21. SIGNATUBE OF EUNERA	1.7	curses		1	ne cr	opol		I UTE				A_	Lexan	dria	. Va.
	1	SIM.	lal	X M	261	01	1							ral	Home		
L		11/10	ny	TAM	me	N	V										g. Md. 20904
		23. PART I. Enter the d	liseases, dr leart failuig	complications the	at ceused	the dee	ith. Do i	not enter	r the mo	de of dy	ring, suc	ch es	cardiec	or reep	iratory er	rest,	Approximate Interval Between
		IMMEDIATE CAUSE (FI	nel	// /													Onset and Death
		disease or condition	$\rightarrow$ $$		spir				, se	conc	lary	to					
					or as a				1 00	1000	ofo						
Z		Sequentially list condit		0	OR AS A				. L SC	rerc	2272						
CERTIFICATION		if eny, leeding to imme ceuse. Enter UNDERLY	ING	1													
Ī		CAUSE (Disease or Injuthat initiated events	ury	DUE TO	(OR AS A	CONSEOL	UENCE O	F):									
		resulting in death) LAS	ST	d.													
		PART II. Other eignifica	ant condition	no contribution to	death b		audala a	In Abo	and and also		mbran to	. Does	1 04		AUTOPSY	100	b. WERE AUTOPSY FINDINGS
Ą		PART II. Other eignino		The Contributing to	deedii b	at not re	isuitiily	m the u	ilderlyiii	y couse	given ii	rait	"   "	PERFO		-	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		): <del></del>											11	YES :	2 NO		OF DEATH?
2												_					1 YES 2 NO
N		25. WAS CASE REFERRED T	TO MEDICAL	_					26 P	LACE OF	OF ATH /C	hack or	alv one)				
DHVSICIAN.		EXAMINER?	TO MEDIONE	HOSPITAL:	EB/Outo	milant 9 [	□ DOA	OTHE	R:					200161			
Š		27. MANNER OF DEATH		28e. DATE O		ABLIEFIC 3 L	26b, TIN	E OF	28c. IN.	to 5 X F	residence	_			INJURY OC	CURED	
5	- 10		Metural 5 Pending (Month, Day, Year) INJURY WORK?							□ NO							
, A		2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, off							tory, offic	office 28f. LOCATIO			CATION (Street and Number or Rural Route Number,				
ETED		3 Suicide 4 Homicide  8 Could not be determined  6 City or Town, State)															
ADIA		29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.															
COMPI			1		examination	n end/or In	rvestigati	on, in my	opinion, o	_			date and	place, a			e) and manner as stated.
n n	4	29b. SIGNATURE AND TITLE	FOF CERTIFIE	# W	W	1h	7,	m	b	29c. LIC	DR NU	JMBER 3	35		29d. DA	MUY	14, 1990
F	-	30. NAME AND ADDRESS O														1	• •
	- 11	Kenneth	D. Mi	ller, MD	1811	1 Pr	ince	Ph:	ilip	Dri	ve.	01r	ev.	Md.	208	32	

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Seridon Pendello

<u>\$</u>;

be detached for use as the burial-trans-

Nos	che	es
he	deta	000
2	8	75
ped	pinc	Pe
etair	Sho	100
pe	96.5	6
lay	pa(	9
9	ctor,	Sign
age	dire	10
9	aral (	Ē
Seatt	fundamental particular	ХЭШ
ter	the the	2
Sal	A Da	dic
JOE .	Di bi	E
47	all a	he
Pil	tely mat	It,
X	mple	Wel
urted	CO	ic e
exe	and of	mat
2	cian	30
cate	lhysi e	-
entil	ng bu	oth
C) U)	endi	6
dea	e att	JIJ,
the	4	重
that	D C	À
res	igne	20
edui	S Le	0
W	be f	63
92	has	2
E	cate	Ite
CIA	entifi	6
13S	is Cl	ed.
6.	##	ark
DINC	Afre	1
TEN	OR:	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to bring companies of house after the control of the Control of Health and Martial Hacington or named and the control of the Control of the	be lied within 12 hours after brain with the course order. On treath any injury, or other traumatic event, the medical examiner must be notified at once.
L OF	0	2 2
TA	M.	1 1
SO	S	AN
市	4	DATE
II 0	上口	1
5-	- J	2 =

- STATE REGISTRAR		C	ENTIFIC	CATE OF	DEATH	T	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O		DAY	YEAR	3. TIME DF DEATH
Savannah  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE DI	F BIRTH	29	90 a. BIRTI	11:52p
212- 14- 7593	1 M 2 X F	89		IONTHS DAYS	HOURS MIN.	NOV.	Day, Year)	1900	Count	onsboro, Md
9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN (	OR LOCATION OF C		207	9c. COUN		
Avalon Manor, Inc Hagerstown,									Vash	ington
10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN DR LOCAT	TIDN					10d. INSIDE CITY
Maryland Washing	rton		Had	gerstow	n					XX YES 2 ND
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
113 John St.					21740				S.	Α.
11. MARITAL STATUS  1 Never Merried 2X Merried	FDRCES?	NT EVER IN U.S. AI	RMED 'ND	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxic	an, Pusito Ric		es or No—	14. RACI Blec	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	MAR DR DATES		1 TYES	2 ND Spec	ify:		1	Spec	White
15. DECEDENT'S EDU (Specify only highest grade				SUAL OCCUPATION Advisory and a		16b. F	KIND DF B	USINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	116	e. Do NOT use	retired.)	of thorning					
6			Sales	Clerk				ment	Sto	re
17. FATHER'S NAME (First, Middle, Last)  Harlan Smith					16. MOTHER'S N		ddie, Maide	n Surname)		
19a. INFORMANT'S NAME (Type/Print)		T 10	AP MARING A	DDBESS (Street )	and Number or Rura		v Chy or To	wn State Zin	Code)	
Benjamin Frankl	in Bowsen				t., Hage				,	21740
20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT		metery, cremetory or			OCATION —		
1 № Burial 2 □ Cremation 3 □ Ren 4 □ Donation 6 □ Other (Specify)	loval from State	Boon		Cemete:	ry		Bo	onsbo	ro,	Maryland
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			OO MARKE A	ND ADDRESS OF F	ACH ITY				
and the second of the second	1 1/1			22. NAME A	NO ADDRESS OF P	ACICITY	760	)6 Boo	nsbo	oro Pike
John H. Bast	Jr.				FUNERAL					oro Pike Maryland 2
John H. Bast 23. PART I. Enter the diseeses, pr	complications th			BAST	FUNERAL	HOME.	Вос	nsbor	0, 1	Maryland 2
John H. Bast 23. PART I, Enter the diseeses, pr shock, pr heart fellure.	complications th	use on each lin	e.	BAST I	FUNERAL ode of dying, su	HOME.	Вос	nsbor	0, 1	Maryland 2 Approximate Interval Batwee Onegt and Deat
John H. Bast 23. PART I. Enter the diseases, Dr ahock, Dr heart feiture. IMMEDIATE CAUSE (Finel disease pr condition	complications th		e.	BAST I	FUNERAL ode of dying, su	HOME.	Вос	nsbor	0, 1	Maryland 2 Approximate Interval Between Onegt and Deat
John H. Bast 23. PART I. Enter the diseases, pr ahock, pr haart feliure. IMMEDIATE CAUSE (Finel	complications the	use on each lin	mers'	BAST of enter the mo	FUNERAL ode of dying, su	HOME.	Вос	nsbor	0, 1	Maryland 2 Approximate Interval Between Onegt and Deat
John H. Bast 23. PART I. Enter the diseases, Dr ahock, Dr heart feiture. IMMEDIATE CAUSE (Finel disease pr condition	complications th List only one ca a	Alzhei	mers '	BAST of enter the mo	FUNERAL ode of dying, su	HOME.	Вос	nsbor	0, 1	Maryland 2 Approximate Interval Between Onegt and Deat
John H. Bast 23. PART I. Enter the disease, pr ahock, pr heart feliure. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	complications th List only one ca a	Alzhei	mers '	BAST of enter the mo	FUNERAL ode of dying, su	HOME.	Вос	nsbor	0, 1	Maryland 2 Approximate Interval Between Onegt and Deat
John H. Bast  23. PART i. Enter the diseeses, pr ahock, pr heart feliure.  IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate	e.  DUE TO  DUE TO  C.	Alzhei	mers *	BAST in the modern the	FUNERAL ode of dying, su	HOME.	Вос	nsbor	0, 1	Maryland 2 Approximate Interval Between Onegt and Deat
John H. Bast  23. PART i, Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	e.  DUE TO  DUE TO  C.	Alzhei O (DR AS A CONSE	mers *	BAST in the modern the	FUNERAL ode of dying, su	HOME.	Вос	nsbor	0, 1	Maryland 2 Approximate Interval Between Onegt and Deat
John H. Bast  23. PART i. Enter the diseases, pr shock, pr heart feliure.  IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	Alzhei  O (DR AS A CONSE  O (DR AS A CONSE  O (DR AS A CONSE	Mers * EDUENCE OF) EDUENCE OF)	BAST is a second of the second	FUNERAL ode of dying, su ase	HOME.	Boc ec Dr res	nsbor	rest,	Maryland 2 Approximate Interval Between Onegt and Deat
John H. Bast  23. PART I. Enter the disease, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e	Alzhei. O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE	Mers * EDUENCE OF) EDUENCE OF) resulting in	BAST is a second of the second	FUNERAL ode of dying, su ase	HOME . ch as cardle	Boc ec Dr res	DISSOR  PIRETORY ART  AN AUTOPSY DRIMED?	rest,	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
John H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e	Alzhei. O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE	Mers * EDUENCE OF) EDUENCE OF) resulting in	BAST is a second of the second	FUNERAL ode of dying, su ase	HOME . ch as cardle	Boc ec Dr res	DISSOR  PIRETORY ART  AN AUTOPSY DRIMED?	rest,	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
John H. Bast  23. PART I. Enter the diseases, pr shock, pr heart feliure.  IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e	Alzhei. O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE	Mers * EDUENCE OF) EDUENCE OF) resulting in	BAST is a second of the second	FUNERAL ode of dying, su ase	HOME . ch as cardle	Boc ec Dr res	DISSOR  PIRETORY ART  AN AUTOPSY DRIMED?	rest,	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
John H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition Generalized	a	Alzhei. O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE	Mers * EDUENCE OF) EDUENCE OF) resulting in	BAST Diservised the modern by the underlying the underlying 28. P	FUNERAL ode of dying, su ase	HOME .	BOC ec Dr res 24s. WAS / PERFI	DISSOR  PIRETORY ART  AN AUTOPSY DRIMED?	rest,	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
John H. Bast  23. PART i, Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions. Ceneralized.	a.  DUE TO  C.  DUE TO  A.  HOSPITAL:	Alzhei. O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE O (DR AS A CONSE	mers * EDUENCE OF) EDUENCE OF) resulting in	BAST Dises	FUNERAL ode of dying, su ase	HOME .  ch as cardid	BOC ec Dr res	DISSOR  PIRETORY ART  AN AUTOPSY DRIMED?	rest,	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
John H. Bast  23. PART i. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH	a. DUE TO  b. DUE TO  d. Atheri  HOSPITAL: 1 □ Inpetient 2	Alzhei  O (DR AS A CONSE  O (DR AS A CONSE  O (DR AS A CONSE  O (DR AS A CONSE  O (DR AS A CONSE  O (DR AS A CONSE  O (DR AS A CONSE  O (DR AS A CONSE	mers * EDUENCE OF) EDUENCE OF) resulting in	BAST Diservices the modern of the underlying the un	FUNERAL  ode of dying, su  as e	HOME .  ch as cardid	BOC ec Dr res 24s. WAS A PERFI 1 YES	DISOCE  PIRETORY ART  AN AUTOPSY DRIMED?  2 (XIND)	24l	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
John H. Bast  23. PART I, Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized	a. DUE TO  b. DUE TO  d. DUE TO  A theri  HOSPITAL:  1   Inpetient:  26e. DATE D  (Morph).	Alzhei  Alzhei  O (DR AS A CONSE  O (DR AS A CON	Mers teduence of)  EDUENCE OF)  EDUENCE OF)  TOSIS  3 DOA  286. TIME INJU	BAST Disection of the underlying the	FUNERAL  ode of dying, su  ase	HOME .  ch as cardid	BOC ec Dr res 24s. WAS A PERFI 1 YES	DISSOR  PIRETORY arr  NAUTOPSY DRMED?  2 (ŽIND)	24l	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
John H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	b. DUE TO  C. DUE TO  A Theri  HOSPITAL: 1   Inpetient 2  28e. PLACE	D (DR AS A CONSE  D (DR AS A C	Mers teduence of)  EDUENCE OF)  EDUENCE OF)  TOSIS  3 DOA  286. TIME INJU	BAST Disection of the underlying the	FUNERAL  ode of dying, su  ase	n Part I.	BOC ec Dr res 24s. WAS A PERFI 1 U YES	Onsbor	24I	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
John H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   ND  27. MANNER OF DEATH  1   Natural   5   Pending investigation   1   2   Accident   2   Accident   3   Sulcide   4   Homicide   1   1   1   1   1   1   1   1   1	DUE TO  DUE TO  DUE TO  A Theri  HOSPITAL: 1   Inpetient 2  28e. PLACE building	Alzhei  Alzhei  O DR AS A CONSE  O (DR AS A CONS	mers * EDUENCE OF) EDUENCE OF)  EDUENCE DF)  resulting in OSIS  3 □ DOA    28b. Time   INJU- DOMe, farm, st	BAST Dises of the underlying the und	FUNERAL  ode of dying, su  as e  ig ceuse given is  LACE DF DEATH (Come 5   Residence DRY?  YES 2   ND	n Part I.	BOC  ec Dr res  24s. WAS / PERF  1  YES  (Specify)  CRIBE HOW  THON (Street, Sta	Onsbor	24l	Approximate Interval Batwee Oneet and Deat Deat Oneet and Deat Deat Deat Deat Deat Deat Deat Deat
John H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES > ND  27. MANNER OF DEATH  1   Netural   5   Pending investigation   2   Accident   2   Accident   2   Certifying Physical Canada   Canada   2   Certifying Physical Canada   2   Certifying Physical Canada   2   Certifying Physical Canada   2   Certifying Physic	DUE TO  DUE TO  DUE TO  DUE TO  A Theri  HOSPITAL: 1   Inpetient 2  26e. DATE DUE  26e. PLACE building  DIETO  C. DATE DUE  DIETO  DUE TO  DUE	Alzhei  Alzhei  O (DR AS A CONSE  O (DR AS A CON	mers * EDUENCE OF) EDUENCE OF)  EDUENCE DF)  TOSIS  3 DOA 28b. TIME (NJU)  DOME, farm, st	BAST Disest the modern of the underlying the underl	FUNERAL  ode of dying, su  as e  g ceuse given is  LACE DF DEATH (Come 5   Residence  JURY AT  ORK?  YES 2   ND	n Part I.  Check only one 28d. DESC.  28f. LOCA City one 18 to the cause	BOC  ec Dr res  24s. WAS / PERF  1  YES  (Specify)  CRIBE HOV	NAUTOPSY DRIMED?  2 (ZND)  VINJURY OCCUPATION  AND AND AND AND AND AND AND AND AND AND	24l	Approximate interval Batwee Onset and Deat S Y S S S S S S S S S S S S S S S S S
JOHN H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES N ND  27. MANNER OF DEATH  1 Netural S Pending Investigation 3 Suicide G Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. DUE TO b. DUE TO c. DUE TO d. Atheri  HOSPITAL: 1 Dispetient 2 26e, DATE D (Month) 28e, PLACE building	Alzhei  Alzhei  O (DR AS A CONSE  O (DR AS A CON	mers * EDUENCE OF) EDUENCE OF)  EDUENCE DF)  TOSIS  3 DOA 28b. TIME (NJU)  DOME, farm, st	BAST Disest the modern of the underlying the underl	FUNERAL  ode of dying, su  as e  g ceuse given in  LACE DF DEATH (Come 5   Residence  JURY AT  ORK?  YES 2   ND  ce  e and place, and de	HOME .  ch as cardid  n Part I.  Check only one 6  Other 28d. DESC	BOC  ec Dr res  24s. WAS / PERF  1  YES  (Specify)  CRIBE HOV	Onsbor	24l  CURED  or Rural  ted.	Approximate Interval Batwee Onset and Deat S Y S S S S S S S S S S S S S S S S S
John H. Bast  23. PART i. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES ND  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation and invest	a. DUE TO b. DUE TO c. DUE TO d. Atheri  HOSPITAL: 1 Dispetient 2 26e, DATE D (Month) 28e, PLACE building	Alzhei  Alzhei  O (DR AS A CONSE  O (DR AS A CON	mers * EDUENCE OF) EDUENCE OF)  EDUENCE DF)  TOSIS  3 DOA 28b. TIME (NJU)  DOME, farm, st	BAST Disest the modern of the underlying the underl	FUNERAL  ode of dying, su  as e  g ceuse given is  LACE DF DEATH (Come 5   Residence  JURY AT  ORK?  YES 2   ND	HOME .  ch as cardid  n Part I.  Check only one 6  Other 28d. DESC	BOC  ec Dr res  24s. WAS / PERF  1  YES  (Specify)  CRIBE HOV	ONSOCE  PIRETORY ART  AN AUTOPSY DRIMED?  2 (AND  I INJURY OCI  A and Number  and due to the	CURED  CURED  To r Rural  ted.  the cause	Approximate Interval Batwee Oneet and Deat S Y S S S S S S S S S S S S S S S S S
JORN H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?  29b. SIGNATURE AND TITLE OF CERTIFIER  (Check only one) 2 MEDICAL EXAMINERS.	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  DUE TO  DUE TO  A Theri  HOSPITAL: 1   Inpetient 2  28e. DATE D  (Morph)  28e. PLACE building  BICIAN: To the best of the serior	DO COR AS A CONSE  O (DR AS A	Mers * EDUENCE OF) EDUENCE OF)  TOSIS  3 DOA 286. TIME INJU- Nome, farm, st	BAST Disease of the modern of the underlying the un	FUNERAL  ode of dying, su  as e  g ceuse given in  LACE DF DEATH (Come 5   Residence  JURY AT  ORK?  YES 2   ND  ce  e and place, and de	HOME .  ch as cardid  n Part I.  Check only one 6  Other 28d. DESC	BOC  ec Dr res  24s. WAS / PERF  1  YES  (Specify)  CRIBE HOV	ONSOCE  PIRETORY ART  AN AUTOPSY DRIMED?  2 (AND  I INJURY OCI  A and Number  and due to the	CURED  CURED  To r Rural  ted.  the cause	Approximate Interval Batwee Onset and Deat S Y S S S S S S S S S S S S S S S S S
JORN H. Bast  23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   ND  27. MANNER OF DEATH  1   Natural   5   Pending investigation   1   Natural   1   Pending investigation   2   Accident   3   Suicide   6   Could not be determined  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER (Check only one)   2	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  DUE TO  DUE TO  A Theri  HOSPITAL: 1   Inpetient 2  28e. DATE D  (Morph)  28e. PLACE building  BICIAN: To the best of the serior	D (DR AS A CONSECUTION OF INJURY — At h. etc. (Specify)  Of my knowledge, consecution end/or	Mers * EDUENCE OF) EDUENCE OF)  EDUENCE OF)  TO SIS  3 DOA 1  286. TIME INJU  NOTICE, farm, st  death occurrecy revestigation	BAST Disease of the modern of the second of	FUNERAL  ode of dying, su  as e  Ig couse given in  LACE DF DEATH (Couse 5   Residence  JURY AT  ORK?  YES 2   ND  ce  e and place, and did  death occurred at the  29c. LICENSE N  D 0 5 9	HOME .  ch as cardid  n Part I.  Check only one 6  Other 28d. DESC.  28f. LOCA City of	BOC  ec Dr res  24e. WAS A  PERFI  1  YES  (Specify)  THON (Street  r Town, Ste	ONSOCE  PIRETORY arr  AN AUTOPSY DRMED?  2 (AND  I INJURY OCT.)  A conner as state and due to the	CURED  cure or Rural  ted.  te stone  f stone	Approximate Interval Batwee Onset and Deat S Y S S S S S S S S S S S S S S S S S
JOHN H. Bast  23. PART I. Enter the diseeses, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  Generalized  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 0 MEDICAL EXAMINE)  29b. SIGNATURE AND TITLE OF CERTIFIER  (Check only 1 MEDICAL EXAMINE)  30. NAME AND ADDRESS OF PERSON W	DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  A Theri  HOSPITAL: 1   inpetient 2  26a. DATE Duliding  ER: DATE Duliding  DICIAN: To the best of the complete of the	D (DR AS A CONSECUTION OF INJURY — At h. etc. (Specify)  Of my knowledge, consecution end/or	mers * EDUENCE OF) EDUENCE OF)  EDUENCE OF)  TOURNEE OF)	BAST Disease of the modern of the second of	FUNERAL  ode of dying, su  as e  Ig couse given in  LACE DF DEATH (Couse 5   Residence  JURY AT  ORK?  YES 2   ND  ce  e and place, and did  death occurred at the  29c. LICENSE N  D 0 5 9	HOME .  ch as cardid  n Part I.  Check only one 6  Other 28d. DESC.  28f. LOCA City of	BOC  ec Dr res  24e. WAS A  PERFI  1  YES  (Specify)  THON (Street  r Town, Ste	ONSOCE  PIRETORY arr  AN AUTOPSY DRMED?  2 (AND  I INJURY OCT.)  A conner as state and due to the	CURED  cure or Rural  ted.  te stone  f stone	Approximate Interval Batwee Oneet and Deat S Yrs  b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be retained	age 5 shoul		be notifie
Раде 6 тау	director, pa		ner must
ifter death.	/ the funera	JOVal.	cai examir
24 hours	y filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	the medi-
cuted within	d completel	ounal, crema	tic event,
icate be exe	physician an	e prior to t	er trauma
death certif	attending	ental Hygier	ury, or oth
es that the	igned by th	ealth and M	s any Inju
e law requir	has been s	Dept. of H	1 23 show
YSICIAN: Th	s certificate	th the State	d, or item
NDING PH	R: After this	er death wil	is marke
AL OR ATTE	IL DIRECTO	2 hours aft	if item 28
THE HOSPIT	HE FUNER	ed within 7	ORTANT: 1
17 OT	TO T	De fil	MP

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART CERTIFIC			REG. NO.					
		homas Bran	lenb		BURG	2. DATE OF DEATH MONTH DAY	90	3. TIME OF DEATH			
		SEX 6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 7. 0. 1 F 1 G		BIRTNPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give atreet			9b. CITY, TOWN (	R LOCATION OF DEA	July 15,18	9c. COUNTY	of DEATH			
OB	Washington County	Hospital	H	'agersto	wn		Washi	ngton			
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
PIB	Maryland Frederi	ck	Sabi	llasvil	le			LIMITS?			
FUNERAL DIRECTOR	104. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
E I	14730 Herman Hauver	KOAA. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DEC	21780	C ORIGIN? (Specify Yea	USA Or No. — 14	RACE — American Indian,			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	cify Cuban, Maxican 2 X NO Specify:			Black, White, etc. Specify: White			
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com		Give kind of wo	SUAL OCCUPATION done during mo retired.)	on st of working	16b. KINO OF BUS	INESS/INDUST	TRY			
PLE	Elementary/Secondary (0-12)	ollege (1-4 or 5 +)	Clerk	retired.)		Railr	oad				
NO	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden S					
) E	Alvey R. Brandenbur	9			E. Estel						
2	19a. INFORMANT'S NAME (Type/Print) Catherine Appel					O = l : 0 0 = 4					
	20g, METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSE	TION (Name of ce	netery cremetory or	Sabillas 1		or Town, State			
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Ramoval 4 🗆 Donation 5 🗆 Other (Specify)	Mt.	Moriah	Cemete	ry	Foxu	ille.M	D			
	21. SIGNATURE OF UNERAL SERVICE LICENS	EE			Funeral		·				
	Jannis Z	. Davi		Rt. 3	Box 78 S	mithsburg					
	23. PART I. Enter the diseases, pr cpm shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on each	lina.			as cardiac or reapli	atory srrest	Approximeta Interval Between Onset and Death			
NO	OUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediata cause, Entar UNDERLYING	DUE TO (OR AS A CO	MSECUENCE OF								
E	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	NSEOVENCE OF								
H	resulting in death) LAST										
	PART II. Other eignificent conditions co		- /	the underlyin	g cause givan in f	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
PHYSICIAN: MEDICAL	Congestine,	Yout to	lare			1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
M	NYELLOSCIBIO	2505				-		1 TYES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Che	ck only one)					
YSIC	1 - YES 2 NO 16	OSPITAL: Inpatiant 2 - ER/Outpatie	nt 3 🗆 DOA		e 5 🗆 Realdenca (						
ву РН	27. MANNER OF OEATN  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	M 1 🗆	URY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCUR	REO			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office be building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	one)	N: To the best of my knowledge On the basis of examination ar						ause(a) and manner as stated.			
BE C	290. SIGNATURE AND THE CONCESCIONES	ALM	\		29c. LICENSE NUM	BER Common	29d. DATE SI	IGNED (Month, Day, Year)			
5	SO, NAME AND ADDRESS OF PERSON WITO CO	OMPLETED CAUSE OF DEATH	) (ITEM 27) (Type,	Print)	1526.	106	- 4	122/70			
	31. DATE FILED (Month, Day, Year)	16/0 (	OGKI	E// A	s Ha	gersta	un 1	MD 21740			
	APR 26 '90		dson-Rang	lell	. 0						

785 Tr. 1

4 4 4

Marin Carlot

100

2

×

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

DIRECTOR	
BY FUNERAL	
BE COMPLETED	
TO BE	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permote filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPUKIANI: II ITEM 26 IS MATKED, OF ITEM 23 SNOWS ANY INJURY, OF QUIET HAUMAINE EVENI, WE MEDICAL EXAMINET MUST DE NOUMED AT ONCE.
--	--

1. DOCEONATE NAME (PINK MASS). LATE    4. SOCIAL SECURITY MARKER    5. SEX   1. A DE (m yr. has leveled);    5. SEX   1. A DE (m yr. has leveled);    5. SEX   1. A DE (m yr. has leveled);    5. SEX   1. A DE (m yr. has leveled);    6. SECURITY MARKER    5. SEX   1. A DE (m yr. has leveled);    6. SECURITY MARKER    5. SEX   1. A DE (m yr. has leveled);    6. SECURITY MARKER    6. SECURITY MARK	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIENI REG. NO.	E		
214-34-0963  1- M 2 SC P 87 YES. DOTTED DAY		ie Elizabeth				2. DATE OF DEATH MONTH DA		YEAR	
Manual Peoples Home  Maugansville  Mashington  Maching	214-34-0963	1 □ M 2√2 F 87	MC			(Month, Day, Year)	02	Country	
See STREET AND NUMBERS  TREE AND NUMBERS  THE STREET A	Mennonite Old Peop					EATH			
Section   Sect	10a. STATE 10b. COUNTY	gton			ION				LIMITS?
FORCEST   TYES   2 SINO   TYES   2 SINO   TYES   2 SINO   TYES   2 SINO   TYES   2 SINO   Specify   TYES   2 SINO   TYES   T								ZEN OF WI	
Control of the pictor device completed control of the sentent processor (612)  Control of the pictor of each date during most of working  HOMEMARY S NAME (First, Missies, Massies Duranes)  The MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Ellen Cartee  18. MOTHER'S NAME (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Name (First, Missies, Massies Duranes)  Mary Land Name (First, Missies, Massies Name (Firs	1- Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, spe	city Cuban, Mexica	in, Puerto Ricen, etc.)	or No-	Black,	White, etc.
Charles F. Bussard  198. MALING ADDRESS (Sine and Number or Rurs Pour Number, City or Bwn, Siles, Zp Code)  Mae Fraver  198. MALING ADDRESS (Sine and Number or Rurs Pour Number, City or Bwn, Siles, Zp Code)  Rt. #1 Box 64 Hagerstown, Maryland 21740  208. METHOD OF DISPOSITION (Numer or Commiss, commistory or or or office)  21. SIGNATURE OF PORTING SERVICE LICENSEE  22. NAME AND ADDRESS (Sine and Number or Rurs Pour Number, City or Bwn, Siles, Zp Code)  23. PART I. Enter the diseafes, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, interval Between Chief Busses or condition  23. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24. MAS CASE REFERRED TO MEDICAL  EXAMISERY  25. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MANS CASE REFERRED TO MEDICAL  EXAMISERY  28. PLACE OF DEATH (Prock only one)  29. MAS CASE REFERRED TO MEDICAL  EXAMISERY  29. PLACE OF BRAIN (Refered)  20. DUE TO (OR AS A CONSEQUENCE OF):  21. MASS CASE REFERRED TO MEDICAL  22. MANS CASE REFERRED TO MEDICAL  23. PLACE OF DEATH (Prock only one)  24. ADDRESS (Prock)  25. PLACE OF BRAIN (Refered)  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MANS CASE REFERRED TO MEDICAL  28. PLACE OF BRAIN (Refered)  29. DUE TO (OR AS A CONSEQUENCE OF):  29. MASS CASE REFERRED TO MEDICAL  29. MASS CASE REFERRED TO MEDICAL  29. MASS CASE REFERRED TO MEDICAL  29. DUE TO (OR AS A CONSEQUENCE OF):  29. MASS CASE REFERRED TO MEDICAL  29. DUE TO (OR AS A CONSEQUENCE OF):  20. DUE TO (OR AS A CONSEQUENCE OF):  20. DUE TO (OR AS A CONSEQUENCE OF):  20. DUE TO (OR AS A CONSEQUENCE OF):  21. MASS CASE REFERRED TO MEDICAL  22. MASS CASE REFERRED TO MEDICAL  23. DUE TO (OR AS A CONSEQUENCE OF):  24. DUE TO (OR AS A CONSEQUENCE OF):  25. DUE TO (OR AS A CONSEQUENCE OF):  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MANS CASE REFERRED T	(Specify only highest grade co	ompleted)	(Give kind of world life. Do NOT use n	k done during mo etired.)	DN st of working	112-11-00:		DUSTRY	
Sab. METADO O DISPOSITION   State									
20   Donation   Store   Donation   Chief   Property   Due to (PR AS A CONSCOUENCE OP):									0
23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heaf-fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition presulting in deeth)  But TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):  Cause. Enter NDERLYING CAUSE (Disease or injury that initiated events resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENC	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Gro	her place)	Ch of	Bret Cer	nt Myer			
MMEDIATE CAUSE (Finel MMEDIATE CAUSE) MMEDIATE CAUSE (Finel MMEDIATE CAUSE) MARKER CAUSE (Finel  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR	21. SIGNATURE OF PUNERAL SERVICE LICE	Lichen	w			50			
If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	shock, or heeft fellure. Li IMMEDIATE CAUSE (Finel disease or condition	at only one ceuse on eecl	e ine				ratory an	rest,	Interval Between
25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	22.55.55.55.55.55				-			
EXAMINER?    YES 2			not resulting in	the underlying	g ceuse given in	PERFOR	MED?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
27. MANNER OF DEATH  1	EXAMINER?		ent 3 □ DOA 4	THEN:					
3 Suicide 4 Homicide 29e. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.  28e. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.	1 Netural 5 Pending		28b. TIME (	OF 28c. INJ	URY AT		NJURY OC	CURED	
(Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atre	eet, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number	r or Rural Re	oute Number,
296. SIGNATURE AND TITLE OP CERTIFIER 296. DATE SIGNED (Month. Day, Vear)	(Check only								and manner as stated.
Can (ffleren MD. D11133 14-27-90	San (- 1/2	enca	mD.		29c. LICENSE NU	MBER 33	29d. DAT	-27	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Churics Of Spencer 1/98 Ken by Ave Hagers (Own Md 21/148)  31. DATE FILED (Month, Day, Year)  32. DEGISTRAP'S SIGNATURE	Charles alspe	ncer 119.	8 Ken 1	y Ave	e Has	gerslow	M	ld 2	21748

## TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 5, 5, 6, 10 min 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAI CERTIF						REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	0-:							MONT			YEAR	3. TIME OF DEATN
	Mary Louise	5. SEX	e ACE (In	yrs. last birthday)	I it impri	R 1 YEAR	I I I I I I I I I I I I I I I I I I I	R 24 HRS.	Apri	1 28	19	90	10:25 A I
<b>\</b>		1 M 2 NF	o. AGE (III		MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Count	ry)
1	177–16–0016  9e. FACILITY NAME (If not institution, give s	Λ.	L	95 YRS.		1			_	9, 1894			rstown, MD
4					113-4		OR LOCAT	ON OF DE	EAIN			NTY OF E	
ō	Washington County Hos	pital			Над	ersto	wn				Wash	ingto	n
EC.	10a. STATE 10b. COUNT	r		10c. Cl	ry, town	OR LOCA	TION						10d. INSIDE CITY LIMITS?
듬	MD Washin	qton		Воо	nsbor	0							1 YES 2 X NO
AL.	10e. STREET AND NUMBER					10	t. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	8632 Boonsboro Pi	ke Boonsl	boro, M	1D 21713			21	713				USA	
S	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN L	U.S. ARMED						N? (Specify Yes	or No-	14. RAC	E — American Indian, k, White, etc.
	1 Never Married 2 Married	FORCES?					2 U NO			Rican, atc.)		Spec	effy:
ВУ	3 💢 Widowed 4 🗌 Divorced						X				i		white
岜	15. DECEDENT'S EDU (Specify only highest grade		1	(Give kind of	work done	durina m		ing	16	b. KIND OF BUS	INESS/IN	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT		,							
COMPLETED	8			Housewi	те		40.000			own h			
	17. FATNER'S NAME (First, Middle, Last)  Abraham Cook									Middle, Maiden	,		
BE	Abraham Cook			Top Mall III	C ADDDES	C /Ctmat	-	mma	Jane	tlCN nber, City or Town	elber	-	
2	Mrs. Julia Farrie						Pike					p code)	
	20g, METHOO OF DISPOSITION		20b. 9	PLACE OF DISPO					20010	<del></del>		City or To	own, State
	1 A Burial 2 Cremation 3 Rem 4 Donation 5 Qther (Specify)	oval trom State		other place)	1000		emete						D 21740
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE					ND ADDRE						
	+ Switt	May			1	12 E.	Balt	imore					Funeral Home PA 17225
	23. PART I. Entar the diseases, or shock, or heart failure.	complications the	at caused t	tha death. Do	npt ante	r tha m	oda of dy	Ing, suc	h as ca	rdiac or respi	ratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	150	4			car +						Onset and Deat
	resulting in death)	DUE TO	OR AS A	CONSEQUENCE	<del>7</del> <del>7</del> :	_0'	0						
z	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Congretion of the condition of t												
5	Sequentially liet conditions, if any, leeding to immediate												
2	cause, Entar UNDERLYING CAUSE (Disease or Injury	a Con	75 to	ve 1	rear"	+ '	Tail	Vre					
#	thet initieted events resulting in death) LAST	DUE TO	OR AS A C	CONSEQUENCE	OF):								
CERTIFICATION		d											1
_	PART ii. Other significant condition	ns contributing to	deeth but	t not resulting	in the u	ınderiyii	ng ceuse	given in	Part i.	24a, WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2			_							1 TYES 2	-		COMPLETION OF CAUSE DF DEATH?
Ä													1   YES 2   NO
ä													
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				7		LACE OF	DEATH (Ch	neck only	one)			-
/SI	1 TES 2 NO	HOSPITAL:	☐ ER/Outpet	tlent 3 🗆 DOA	4   No		me 5 🗆 F	tasidenca	6 🗆 Oth	ner (Specify)			
PHYSICIAN: MEDICA	27. MANNED OF DEATH												
BY	1 Natural 5 Pending 2 Accident Investigation		М	1 🗆	YES 2	□ NO							
ED E	3 Suicide 8 Could not be		OF INJURY	- At home, farm	, atreet, fe	ctory, offi	ce			CATION (Street a by or Town, State)		er or Rural	Ploute Number, ,
ETE	4 Nomicide determined												
PL	29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the bathle of	examination	and/or investige	fon, In my	opinion,	death occ	ured at the	time, de	te and place, en	d dua to t	the cause	(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R/JUN	-	1			29c. LIG	CENSE NU	MBER	_20	29d. DA	TE SIGNE	(Month, Day, Year)
TO B	L. Oreenspoon	, m. J. S.	ZYE,	pritienta	~ the	otan	Mul	,	23	0584		1/1	8/90
	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED OF	IOF OF OFE										

Aa)		
9b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
L. Greenspoon m. J. 324 E. Antiveran Hyotan	Aul. 230584	1 4/28/90
NAME AND ADDRESS OF DEDSON WHO COMDISTED CAUSE OF DEATH (ITEM 27) (For Ord		7 .

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE who Davidson-Randoll

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phone 1, 2 hier within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: It term 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-24-90 CM	
STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	O.			
1. OECEDENT'S NAME (First, Middle, Last	)			2. DATE OF OEATH	DAY YEAR	3. TIME OF DEATH		
James Edward BU	RDETT				5 1990			
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	'In yrs. iasi birthday)	F UNDER 1 YEAR # UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign		
212-24-6155	1⊠M2□F 70	YRS.	DAYS HOURS MIN.	Aug. 21,	1919 Ma			
De. FACILITY NAME (If not institution, give		9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH		
221 Jefferson S	treet		Hagerstown		Washin	igton		
0e. STATE 10b. COUN	тү	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	hington	На	gerstown			1 YES 2 NO		
oo. STREET AND NUMBER  221 Jefferson S	treet		101, ZIP CODE 21740		10g. CITIZEN OI USA	F WHAT COUNTRY?		
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxie 1 YES 2 NO Speci	en, Puerto Rican, atc.)	fee or No— 14. RA Bli Sp	ACE — American Indian, ack, White, atc. pecify: hite		
15. OECEOENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)		16e. DECEOENT'S US (Give kind of wor life. Do NOT use r	BUAL OCCUPATION k done during most of working retired.)	16b. KIND OF B	USINESS/INDUSTRY			
11		appren		plumb				
7. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meide				
William E. Burd	ett			Virginia C				
Na. INFORMANT'S NAME (Type/Print)  Virginia Nicode			DDRESS (Street and Number or Rura					
De. METHOD OF DISPOSITION			inden Dr., Hag		LOCATION — City or			
Burial 2 ☐ Cremation 3 ☐ Re     Donation 6 ☐ Other (Specify)	movel from State	other place) ose Hill				, Maryland		
I. SIGNATURE OF FUNERAL SERVICE I			22. NAME AND ADDRESS OF I	ACILITY	Belbeown	, naryrand		
1 50 m	mi		MINNICH FUNE 415 E. Wilso		lanamahari	- W1 017/		
23. PART I. Enter the diseases, o	/ /Cmnc	d the death. Do not				Approximate		
	. List only one cause on a		t enter the mode of dying, at	cir as cardiac of 199	phatory arrest,	Interval Betwe		
MMEDIATE CAUSE (Final disease or condition	3 1					Onset and Day		
resulting in death)	a. broncho	pneumoni A consequence of:				several		
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S C 1 e T O T i A CONSEQUENCE OF):		ular dis	ease	tears		
ART II. Other algnificant condition	ona contributing to deeth i	out not reaulting in	the underlying ceuse given i	PERF	AN AUTOPSY ORMED? 2 M NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO		
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITA		26. PLACE OF DEATH (	Check only one)				
1 X YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		OTHER: □ Nursing Home 6 属 Residenc	6 Other (Specify)				
7. MANNER OF DEATH  1 N Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d, OESCRIBE HOV	W INJURY OCCURED	)		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJUST	Y — At home, farm, strictly)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			reet and Number or Rural Route Number, tate)		
9a. CERTIFIER (Check only	NER: On the basis of examination		at the time, data and piece, and d In my opinion, death occured at t	he time, data and place,	and due to the caus	se(s) and manner as states NED (Month, Day, Year)		
Schward h	Dixous			CHAPCH CO.	•			
O. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type P	Print)	2	April	18,1990		
Edward w. Dit			hikgton St.I	lagerstow	vn,Md.	21740		
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Hature Mandas	22					
nani 711 911	2 WALLS BOILD	S-America Commercial						

		-	
	亳	8	
-	=	*	
•	>	5	
	0	0	
	2	0	
	ᇙ	10	
	- 69	5	
	8	10	
	63	듬	
	_	-23	
1	63	100	
	10	2	
	0	名	
	-	-	
	65	5	
,	2	5	
	.00	ë	
	至	5	
	9	F	
-	4	40	
1	q <sub>2</sub>	2	
	5	-	
ŀ	-	8	
	(a)	_	
	#3	8	
	60	ē	
	60	0	
,	-5	60	
1	0	=	
	82	8	
	>	ā	
	50	10	
ı.		G	
	20	-	
	F	9	
		10	
	3	Œ.	
	ed.	1	
	$\circ$	9	
	60	0	
	-	S.	
,	6	5	
	400	-	
	9	2	
	No.	45	
,	2		
	177	Œ	
7	-	2	
	45	0	
b .	-	#	
	E	=	
1	0	0	
	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely	
	13	3	
	-		

TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- riours after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

					DEATH	116	i. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DE	ATH
Lillie	R. Burkl	ey					10	199	2	AMM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birti		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT		8. BIRTI Count	HPLACE (State or	Foreign
216 22 0792	1 M 2 X F	85 Y	RS.	ATINS DATE	HOURS MINE.	12-5-04			h., DC	
9a. FACILITY NAME (If not institution, give			96	. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	UNTY OF C	DEATH	
Annapolis Convale	escent Cent	er	A	nnapol	lis		Ann	e Ar	undel	
RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	v	1 10	o CITY TI	OWN OR LOCA	TION				10d. INSIDE CI	TV
	alvert				Beach				LIMITS?	
10s. STREET AND NUMBER	11.61.0		Cires		M. ZIP CODE		I 40- 01	TIZEN 05 1	1 X YES 2 [	
1337 27th Street	t					732	81919	SA	WHAI COUNTRY	
11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	VER IN U.S. ARMED			CENDENT OF HISPA pecify Cuben, Mexic			14. RAC Blec	E — American In ik, White, etc.	dian,
1 Never Married 2 Merried 3 © Widowed 4 Divorced	IF YES, GIVE WAR				S 22C NO Speci				ite	
15. OECEDENT'S EDU (Specify only highest grad		(Give ki	ind of work	JAL OCCUPAT	ION lost of working	16b. KINO (	OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do i	NOT use re	tired.)						
10		h	ouse	vife						
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, A	Valden Sumama)			
Charles Ma	xwell				Emma	Powell				
19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING AD	DRESS (Street	and Number or Rural	Route Number, City	or Yown, State, 2	Tip Code)		
Everett Dove		10	042 V	West C	entral A	ve., Dav	idsonvi	ille,	MD 21	035
20a. METNOD OF DISPOSITION 1 🔯 Burlet 2 🗆 Cremation 3 🗆 Rea	manual danum Starta	20b. PLACE OF D	DISPOSITIO	ON (Name of co	emetery, crematory or	2	Oc. LOCATION -	- City or T	own, State	
Donation 5 Other (Specify)	nover from State		Hil:	Ceme	terv		Suitlar	nd (P	G) MD	
11. SHINATURE OF FUNERAL SEBACO	CENSER	0			AND ADDRESS OF F	ACILITY				DIE
1/1///////	af fr	rek	RE	Rau	sch Fune:	ral Home	, Owing	gs, M	ID 20736	
25. PART I. Enter the diseeses, or	complications that co	fured the death.	. Do not	enter the m	ode of dylng, su	ch se cardiec or	respiratory a	rrest,	Approxi	
shock, or heart fellure.  IMMEDIATE CAUSE (Finel	. List only one ceuse	on sech line.							Intervel	Betweer
IMMEDIATE CAUSE (FINS)										nd Deatl
disease or condition	50	mis.								nd Deati
disease or condition resulting in death)	a. So	PS ( S .	NCE OF):							nd Deat
disease or condition	Do						4			nd Deat
disease or condition resulting in death)  Sequentially list conditions,	b. DUE TO (OR	AS A CONSEQUE	NCE OF:						Onset e	nd Deat
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	b. DUE TO (OR	AS A CONSEQUE	NCE OF:	uctu	iu Pu	lnus	Die	ens	Onset e	nd Deat
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR Ch	AS A CONSEQUE	ia NCE OFF: 650	nctu	tu Pu	lnung	Die	LAS	Onset e	nd Deat
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR Ch	AS A CONSEQUE	ia NCE OFF: 650	uctu	tu Pu	lnung	Dic	LAS	Onset e	nd Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUEN	NCE OF):						Conset e	
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUEN	NCE OF):			Part I. 24a. V	D IC		Onset e	/ FINDINGS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO (OR  c. DUE TO (OR  d. DUE TO DUE	AS A CONSEQUENT AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	NCE OF):			n Part I. 24a. V	WAS AN AUTOPS		b. WERE AUTOPSY MAILABLE PRIN	r Findings
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO (OR  c. DUE TO (OR  d. DUE TO DUE	AS A CONSEQUENT AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	NCE OF):			n Part I. 24a. V	WAS AN AUTOPS'		Conset e	/ FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENT AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	NCE OF):			n Part I. 24a. V	WAS AN AUTOPS'		b. WERE AUTOPSY MAILABLE PRIN COMPLETION CO OF DEATH?	/ FINDINGS OR TO F CAUSE
disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are conditions. Cause of the conditions of the cause of	b. DUE TO (OR  c. Ch  DUE TO (OR  d.  Ons contributing to de	AS A CONSEQUENT AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	NCE OF):	he underlyli		1 Part I. 24a. V	WAS AN AUTOPS'		b. WERE AUTOPSY MAILABLE PRIN COMPLETION CO OF DEATH?	OR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO (OR  c. DUE TO (OR  d. DUE TO DUE	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	NCE OF):	he underlyle	ng cause given in	n Part I. 24a. V	WAS AN AUTOPS' MERFORMED? YES 2 PNO		b. WERE AUTOPSY MAILABLE PRIN COMPLETION CO OF DEATH?	/ FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are cause. Examiner?  1 Yes 2 No	b. DUE TO (OR c. Characteristic Char	AS A CONSEQUENT OF AS A CONSEQUE	NCE OF): USUNCE OF): USUNCE OF): USUNCE OF):	26. I	ng cause given is  PLACE OF DEATH (Come 5 - Residence	n Part I. 24a. V	WAS AN AUTOPS' PERFORMED?  YES 2 NO	Y 244	b. WERE AUTOPSY MAILABLE PRIN COMPLETION CO OF DEATH?	/ FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are caused in the cause of the c	b. DUE TO (OR c. Characteristics)  DUE TO (OR d. DUE TO (O	AS A CONSEQUENT OF AS A CONSEQUE	NCE OF): US UNCE OF): White of the control of the c	26. I	ng cause given in	h Part I. 24a. v	WAS AN AUTOPS' PERFORMED?  YES 2 NO	Y 244	b. WERE AUTOPSY MAILABLE PRIN COMPLETION CO OF DEATH?	/ FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are caused in the conditions of the caused in	b. DUE TO (OR  c. Clu  DUE TO (OR  d. DUE TO (OR  d	AS A CONSEQUER  AS A CONSEQUER  THE DESTRUCTION OF THE PROPERTY OF THE PROPERT	NCE OF): USUNCE OF):  Illing In t	26. I	PLACE OF DEATH (Come 5 Residence JUSY AT OVER 2 NO	heck only one)  8  Other (Special Describe)	WAS AN AUTOPS' PERFORMED? YES 2 TO NOW INJURY O	Y 24	b. WERE AUTOPS' AMAILABLE PRICOMPLETION 0 OF DEATH*  1 YES 24	/ FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significent conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditio	b. DUE TO (OR  c. Clu  DUE TO (OR  d. DUE TO (OR  d	AS A CONSEQUER  AS A CONSEQUER  THE DESTRUCTION OF THE PROPERTY OF THE PROPERT	NCE OF): USUNCE OF):  Illing In t	26. I	PLACE OF DEATH (Come 5 Residence JUSY AT OVER 2 NO	heck only one)  8 Other (Special Describe)	WAS AN AUTOPS' PERFORMED? YES 2 TO NOW INJURY O	Y 24	b. WERE AUTOPS' AMAILABLE PRICOMPLETION 0 OF DEATH*  1 YES 24	/ FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions and the conditions of the conditio	b. DUE TO (OR  c. Clu  DUE TO (OR  d. DUE TO (OR  d	AS A CONSEQUENT OF AS A CONSEQUE	NCE OF):  LS U  NCE OF):  USUAL TIME O  INJURY  term, stre-	26. In Head of the set, fectory, off	PLACE OF DEATH (Come 5   Residence JURY) AT (VES 2   NO ice	heck only one)  8  Other (Special Describe)  281. LOCATION City or Town	WAS AN AUTOPS' PERFORMED? YES 2 TO NOW INJURY O (Street and Numb.	Y 244	b. WERE AUTOPS' AMAILABLE PRICOMPLETION 0 OF DEATH*  1 YES 24	/ FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions and the cause of the conditions of the cause	b. DUE TO (OR  c. Clu  DUE TO (OR  d. DUE TO (OR  d	AS A CONSEQUENT OF AS A CONSEQUE	NCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US US US US US US US US US US US US US U	26. I THE RESIDENT STATES AND THE ST	PLACE OF DEATH (Come 5   Residence JUHY AT (VES 2   NO	theck only one)  8 Other (Special Describe City or Town to the cause(e) a	WAS AN AUTOPS' PERFORMED? YES 2 NO  NOW INJURY O  (Street and Numb. , State)	Y 24	b. WERE AUTOPS: AMAILABLE PRI COMPLETION CO OF DEATH?  1 VES 2**	FINDINGS OR TO F CAUSE □ NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are suiting in deeth LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	b. DUE TO (OR c. CL DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE	AS A CONSEQUENT OF AS A CONSEQUE	NCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US UNCE OF):  US US US US US US US US US US US US US U	26. I THE RESIDENT STATES AND THE ST	PLACE OF DEATH (Come 5   Residence JUHY AT (VES 2   NO	Theck only one)  8 Other (Special Describe 28d. Describe 28d. Describe 28f. LOCATION City or Yourn te to the cause(e) as time, date end pl	WAS AN AUTOPS' PERFORMED?  YES 2 NO  NOW INJURY O  (Street and Numb., State)  and menner as a see, and due to	Y 244  CCURED  Der or Rural  tated.	b. WERE AUTOPS: AMAILABLE PRI COMPLETION CO OF DEATH?  1 VES 2**	Y FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are conditions. The conditions is considered by the conditions of the	b. DUE TO (OR  c. Clu  DUE TO (OR  d. DUE TO (OR  d	AS A CONSEQUER  AS A CONSEQUER  THE D  AS A CONSEQUER  THE D  THE	NCE OF):  LS U  NCE OF):  USE OF):	26. In THE 28. In THE 28. In THE 28. In The	PLACE OF DEATH (Come 5   Residence JURY AT ORIC)  To and place, and do death occured at the series of the series o	Theck only one)  Theck only one)  The Control one of the Cause(e) are time, date end place.	WAS AN AUTOPS' PERFORMED?  YES 2 NO  NOW INJURY O  (Street and Numb., State)  and menner as a see, and due to	Y 244  CCURED  Der or Rural  tated.	Double to the state of the stat	Y FINDINGS OR TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significent conditions are conditions. The conditions is conditionally be	b. DUE TO (OR  c. Clu  DUE TO (OR  d. DUE TO (OR  d	AS A CONSEQUER  AS A CONSEQUER  THE D  AS A CONSEQUER  THE D  THE	NCE OF):  LS U  NCE OF):  USE OF):	26. In THE 28. In THE 28. In THE 28. In The	PLACE OF DEATH (Come 5   Residence JURY AT ORKY YES 2   NO lice to and place, and do death occured at the	Theck only one)  Theck only one)  The Control one of the Cause(e) are time, date end place.	WAS AN AUTOPS' PERFORMED?  YES 2 NO  NOW INJURY O  (Street and Numb., State)  and menner as a see, and due to	Y 244  CCURED  Der or Rural  tated.	Double to the state of the stat	Y FINDINGS OR TO F CAUSE NO

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) MAR				ICATE	· UF	DEATH		REG. NO.				
MAR			3				2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH	н
	Υ	Ellen	ı	BLAN	ID		MAY	5	199		05:55 F	) м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIFTH , Day, Year)			South	
504-03-6596	1 🗌 M 2 💢 F	81	YRS.	MONTHS	DAYS	HOURS MIN.		30.1	اورو	Dako	sta	
9s. FACILITY NAME (If not Institution, give stre	et and number)			9b. CITY,	TOWN O	R LOCATION OF DE		00,1		ITY OF DE		
NORTH ARUNDEL HOSE	PTTAL			GLE	N RI	JRNIE. M	ΔΡΥΙ Δ	MD	ΔΝΝ	EARU	NDFI	
RESIDENCE OF DECEDENT	11/12						NIX I L		Alvis			
10a. STATE 10b. COUNTY	- A		10c. CIT	Y, TOWN O							10d. INSIDE CITY LIMITS?	
	e Arun	idel		Cro		***					1 🗌 YES 2 🌁 I	NO
10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?	
Reidel Road &	Route	424	5			21114			U	.S.	A .	
11. MARITAL STATUS	12. WAS DECEDEN					ENDENT OF HISPAI ecity Cuban, Mexica			or No-	14. RACE Black,	- American India White, etc.	n,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V					2 NO Specifi				Specify	r:	
										Whit	te	
15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)		ECEDENT'S Give kind of e. Do NOT u	work done o	CCUPATIO	N st of working	16b.	KIND OF BUS	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)			7	066:		T.,, a.a.	m	0.75		
12			ompt	trol	тer	Office		Inco		ax		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	31.					
Peter S. Morr	risey							ne Pu				
19a. INFORMANT'S NAME (Type/Print)		1				nd Number or Rural					-11-2	
John D. Bland			Reid	del	Roa	d & Rou	ite 4	424,	Crof	ton	, MD 2	1114
20a METHOD OF DISPOSITION	mi from Casta	20b. PLACE other p	OF DISPO	SITION (Na	me of cen	netery, crematory or		20c. LO	CATION —	City or Tov	vn, State	
4 Donation 5 Other (Specify)	A TOM State	St.		v t s	Cem	etery		An	napo	lis	, MD	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	10		22	MAME AN	ID ADDRESS OF EA	CILITY				2140	1
Make to	10	211/0	. /			or Fune Glouces						L.
23. PART i. Enter the diseases, pr co	mplications the	at caused the c	eath Do									
shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acut	use on each lin	e.			de of dying, suc		0			Approxima Interval Be Onset and	tween
IMMEDIATE CAUSE (Final disease or condition	DUE TO	use on each lin	EQUENCE O	Sola DF):				0			Interval Be Onset and	tween
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CONS	EQUENCE O	on: On:	ten	al My	o Ca	24a. WAS AN	O shy	facit	Interval Be Onset and	etween Death
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	EQUENCE O	on: On:	ten	al My	o Ca	24a. WAS AN PERFOI	AUTOPSY HMED?	facit	Interval Be Onset and	etween Death
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	EQUENCE O	on: On:	ten	al My	o Ca	24a. WAS AN	AUTOPSY HMED?	facit	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	EQUENCE O	on: On:	ten	al My	o Ca	24a. WAS AN PERFOI	AUTOPSY HMED?	facit	Interval Be Onset and	NDINGS TO CAUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	EQUENCE O	on: On:	ders	g cause given in	O Ca	24a. WAS AN PERFOI	AUTOPSY HMED?	facit	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO	O (OR AS A CONS	EQUENCE O	OTHER	Jeconderlying	g cause given in	0 Ca	24a. WAS AN PERFO!	AUTOPSY HMED?	facit	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO  DUE TO  Contributing to	O (OR AS A CONS	EQUENCE C	OFFI:	Jeconderlying 26. Pt	g cause given in	Part i.	24a. WAS AN PERFO! 1 YES 2	AUTOPSY MMED?	farit.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO  DUE TO  DUE TO  Contributing to	O (OR AS A CONS	EQUENCE C	OFFI:	Ze. Pining Home	g cause given in	Part i.	24a. WAS AN PERFO!	AUTOPSY MMED?	farit.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO  DUE TO  DUE TO  Contributing to  HOSPITAL: 1 V Inpatient: 2  28e. DATE O (Month, i	O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS.	EQUENCE C EQUENCE C  resulting  3 □ DOA  28b. TH	OFF:  OFF:  OFF:  OFF:  OTHE:  ALUMY ME OF  JUNTY M	Ze. Pi R: raing Horr 28c. Rij	g cause given in	Part i.	24a. WAS AN PERFOI	AUTOPSY HMED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO  DUE TO  DUE TO  Contributing to  (Month, (Month, (28e, PLACE))	O (OR AS A CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONS	EQUENCE C EQUENCE C  resulting  3 □ DOA  28b. TH	OFF:  OFF:  OFF:  OFF:  OTHE:  ALUMY ME OF  JUNTY M	Ze. Pi R: raing Horr 28c. Rij	g cause given in	Part i.	24a. WAS AN PERFO! 1 YES 2	AUTOPSY MMED?  NO  NIJURY OC	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  I I Inpatient 2  28a. DATE O  (Month, I)  28a. PLACE o  building	O (OR AS A CONSIDER OF INJURY AT L., etc. (Specify)	EQUENCE C EQUENCE C  resulting  3 DOA  28b. Till	OFFI:  OTHER  A   Nur  ME OF    JURY M  , street, fact	26. Pt. Pt. Pt. Pt. Pt. Pt. Pt. Pt. Pt. Pt.	g cause given in	Part i.  Description of the part is a part in the part	24a. WAS AN PERFOI 1 VES 2	AUTOPSY RMED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO	NDINGS TO CAUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Inpatient 2  28a. DACE building	O (OR AS A CONSIDER OF INJURY — At I, etc. (Specify)	EQUENCE C EQUENCE C  EQUENCE C  resulting  3 DOA  28b. THIN	OFFI:  OFFI:  OTHER 4   Nur ME OF JURY M atreet, fact	26. Pl R: aling Horr 28c. INJ WC 1 1 tory, office	g cause given in	Part i.  B Other  28d. DES  28f. LOC  City	24a. WAS AN PERFOIL  1 VES 2  ATION (Street or Town, State)	AUTOPSY RMED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF DEATH  1 YES 2 F	NDINGS TO AUSE
immeDiATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Inpatient 2  28a. DACE building	O (OR AS A CONSIDER OF INJURY — At I, etc. (Specify)	EQUENCE C EQUENCE C  EQUENCE C  resulting  3 DOA  28b. THIN	OFFI:  OFFI:  OTHER 4   Nur ME OF JURY M atreet, fact	26. Pl R: aling Horr 28c. INJ WC 1 1 tory, office	g cause given in	Part i.  B Other  28d. DES  28f. LOC  City	24a. WAS AN PERFOIL  1 VES 2  ATION (Street or Town, State)	AUTOPSY RMED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF DEATH  1 YES 2 F	NDINGS TO AUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Inpatient 2  28a. DACE building	O (OR AS A CONSIDER OF INJURY — At I, etc. (Specify)	EQUENCE C EQUENCE C  EQUENCE C  resulting  3 DOA  28b. THIN	OFFI:  OFFI:  OTHER 4   Nur ME OF JURY M atreet, fact	26. Pl R: aling Horr 28c. INJ WC 1 1 tory, office	g cause given in  LACE OF DEATH (Cr  10 5 Residence IURY AT  YES 2 NO  10 and place, and du  10 feeth occurred at the  29c. LICENSE NU	Part i.  S Othe  281. LOC  City  e to the care e time, date	24a. WAS AN PERFOI 1 YES 2  THE SCRIBE HOW IN TOWN, State use(a) and mag and place, and	AUTOPSY IMED?  Red No  No  Individual of the state of the	24b.  CURED  or or Rural R  ne cause(a)	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 #	NDINGS TO CAUSE
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Inpatient 2  28a. DACE building	O (OR AS A CONSIDER OF INJURY — At I, etc. (Specify)	EQUENCE C EQUENCE C  EQUENCE C  resulting  3 DOA  28b. THIN	OFFI:  OFFI:  OTHER 4   Nur ME OF JURY M atreet, fact	26. Pl R: aling Horr 28c. INJ WC 1 1 tory, office	g cause given in  LACE OF DEATH (C)  THE 5 Residence  RURY AT  THICH  THE 2 NO  THE 1	Part i.  S Othe  281. LOC  City  e to the care e time, date	24a. WAS AN PERFOI 1 YES 2  THE SCRIBE HOW IN TOWN, State use(a) and mag and place, and	AUTOPSY IMED?  Red No  No  Individual of the state of the	24b.  CURED  or or Rural R  ne cause(a)	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 #	NDINGS TO CAUSE NO

7422 BALTIMORE ANNAPOLIS

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

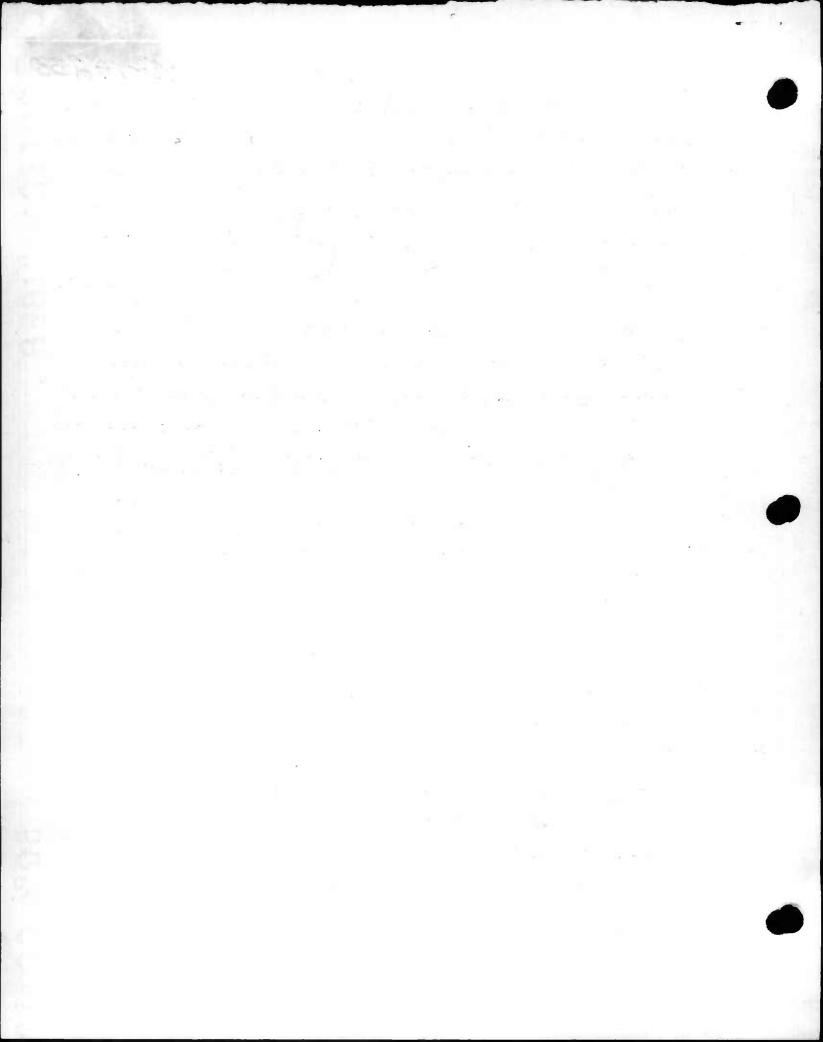
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BLVD GLEN BURNIE MARYLAND

FOR STATE REGISTRAR

		1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			ME OF OEATH
	1	Charles	H. BA	UERA	VSCHU	B		05 - 09	- 90	YEAR .	257
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			E (State or Foreign
- 10	N	215-09-2129	12 M 2 D F	69	YRS. MONTHS	DAYS	HOURS MIN.	08 - 02 - 1	920	10.	yland
shoule	_	9a. FACILITY NAME (If not institution, give	street and number)		9b. Cl	Y, TOWN	OR LOCATION DF D	EATH	9c. COUNT	Y OF DEATH	1
evi evi	6	Carroll County	General	Hospi	tal W	est	menete	4	Car	roll	-
. 1	DIRECTOR	10a. STATE 10b. COUNT	TY .		10c. CITY, TOWN	OR LOCA	TION			10d.	INSIDE CITY
2 2	뚬	Md Ca	rroll		Ham	pot	tall				VES 2 NO
7	AL	10e. STREET AND NUMBER	0		. #	10	I. ZIP CODE	1	10g. CITIZI	EN OF WHAT	COUNTRY?
and a	FUNERAL	4426 Black	Rock	Rd.	APT 8		2107	<i>†</i>	U	.5.7	4.
physician. burial-tram	5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2				NIC ORIGIN? (Specify \ an, Puerto Rican, etc.)	as or No 1	Black, Whi	
	B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	S 2 NO Specif	ly:		Specify:	Dhite
the hospital or attending detached for use as the once.	03	15. DECEOENT'S EOI (Specify only highest grad		16a. Di	ECEDENT'S USUAL Bive kind of work don	OCCUPATI	ION part of working	16b. KIND OF B	USINESS/INDU		
for u	E	Elementary/Secondary (0-12)	College (1-4 or 8+)	) //	a. Do NOT use retired	1	1	1	/	41	
the hospit detached once.	COMPL	10		N	ursing	H:	557:	1 /4	05p1	TAC	
by the hor be detach at once.		17. FATHER'S NAME (First, Middle, Lest)	BA	uerus	chul		1a. MOTHER'S NA	AME (First, Middle, Melde ZnA	on Sumame)	Les	
office of the same	BE	19a. INFORMANT'S NAME (Type/Print)	12.4			SS (Street	and Number or Rural	Route Number, City or R	own, State, Zip (	Code)	21074
5 5	5	VIOLA BA	uernsch	1 1	4426	Bla	ck Rock	71 1	Amps	/ /	md "
hours after death. Page 6 may be ed in by the funeral director, page or removal.  medical examiner must be in		20a, METHOD OF DISPOSITION	moval from State	other o	dece)		emetery, crematory or	and the second	OCATION - C	Ity or Town, S	
director, per must		4 Donation 5 Other (Specify)		G	reen l	Mou			Altin	nore,	ma.
reral or		21. SIGNATURE OF FUNERAL SERVICE L	DENSEE /	26	2	Eci	KLAVOT	- Funer		HARel	
ter death. P the funeral oval.		N.7-C	chhard	1		329	6 ChAV.	mil D.,	MANC		, hld. 2110
In by reme		23. PART i. Entar the diseases, pr ahock, or heart failure				er tha m	oda of dying, suc	ch as cardiac or rea	piratory arre	at,	Approximata interval Between
Pe ion		IMMEDIATE CAUSE (Final disease or condition									Onset and Deat
completely ial, cremat event, 1		resulting in deeth)	v	OR AS A CONSE	DUENCE OF:	m.	FAILUR				ACT
and completely bunial, cremat natic event,	z		h ADTON	OFFLIN	20TIC C	20,0	Comments of the state of the st	DIS=13			
an an r to b	TIO	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	EQUENCE OF):						
physic pe price or tra	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO	OR AS A CONSE	FOLIENCE OFF						
death certificate attending physiene pri	R	thet initieted events resulting in death) LAST		(01) 110 11 001100	and all the second						
the death the atter d Mental			0.							1	
# 70 E	DICAL	PART II. Other aignificant condition	,					Part I. 24a. WAS / PERF	AN AUTOPSY ORMEO?	AWABI	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
signed by Health an	Did	PULMONARY				21712		1 TYES	2 NO	OF D	DEATH?
pe de	Σ	SUPRA UDNIK	I WAR I	7-170	-01A-					10	YES 2 NO
has be bept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				26. F	PLACE OF OEATH (C	heck only one)			
SICIAN: The law certificate has In the State Dept d, or Nem 23	Sic	EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL:	ER/Outpatient	3 DOA 4 N		me 5 - Rasidenca	a Other (Specify)			
this cert with the	PH	27. MANNER OF DEATH	28a. DATE OF (Month, De		28b. TIME OF		JURY AT	28d. DESCRIBE HOV	V INJURY OCC	URED	
MG PHYY fter this eath with	BY	1 Natural 5 Pending 2 Accident Investigation			M		YES 2 NO				
TTEND TOR: A after d	ED	3 Suicide a Could not be 4 Homicide determined	building,	atc. (Specify)	iome, farm, street, f	actory, offi	ica	City or Town, Sta	et and Number ( te)	or Hural Floute	Number,
L OR ATTENDING PHYSICIAN: The law . URECTOR. After this certificate has b hours after death with the State Dept. Ilem 28 is marked, or Ilem 23:	LET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the heat of	mu knowladna d	facility accounts of the th	a dima dad	n and alone and de	e to the cause(s) and n			
4 7 2 F		(Check only one) 2 MEDICAL EXAMIN									manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	ECC	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c. LICENSE NU	IMBER	29d. DATE	SIGNED (Mon	th, Day, Year)
HT OF SHEET	86	Hermels	andon	- 010			0170	70	•		
	5	30. NAME AND ADDRESS OF PERSON W			EM 27) (Type, Print)		1 11	111	12-2	M - A	
		HOWADO 6, LAN				t PA	U HETS	W-STIM.	v ~~~ ~~	- MD	
		31. DATE FILED (Month, Day, Year) 90	32. REGISTIGA	R'SIGNATURE	-Andelle						
		INHI TO SO	0								OHNH 16 Day 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



,		
		fonce
		8
		=
		-
		8
		allifac at
		6
		2
0		2
L		r must h
		9
		8
		5
		ě
		E
		8
	100	-
	и гетома	2
	Le Le	ŧ
	-	9
	0	E
	ior to burial, cremation, or	event, the medical examiner m
٠	ati	-
	E	ŧ
	5	8
	=	£
	E	9
	ă	1
	2	E
	6	2
	B.	#
	9	è
•	ier	=
	3	or other traumatic en
	=	2
	Mental F	ninn
	Ne	3
ŀ	=	6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)	essie Eliza	Elizabeth Bishop				2. DATE OF DEATH 4/14/90 3. MONTH 4/990				
		□ · · · · · · · · ·	MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	ear)	Country)	ACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give street		92	CITY, TOWN O	R LOCATION OF DE	Feb. 13		Mary			
OR	Wesleyan Health Car	e Center	D	enton			Ca	rolin	e		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland  Queen	Anne's		WN OR LOCAT					0d. INSIDE CITY LIMITS?  XXYES 2 NO		
AL D	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CIT		AT COUNTRY?		
IER.					21658		Uni	ted S			
BY FUR	11. MARITAL STATUS  1	R. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF HISPAN Helfy Cuben, Mexica 2 (X NO Specify	n, Puerto Ricen, at		14. RACE - Black, V Specify: Whi	- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		18a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during moi ired.)	N st of working	16b. KIND C	F BUSINESS/IN	DUSTRY			
MPI	11		Wif	е			Home	3			
	17. FATHER'S NAME (First, Middle, Last)  John Emory	DeFord			Jessi	ME (First, Middle, N .e E	faiden Surname)	Le	gg		
TO BE	,	iece	Country	RESS (Street a	nd Number or Rural I Cres 3 - 75,	Ponton	or Town, State, Z	ip Code)	1629		
	20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) 4	from State	PLACE OF DISPOSITIO other place) Chesterfie	N (Name of cen	netery, crematory or	21	oc. LOCATION -	- City or Town			
	21. SIGNATURE OF FUNERAL SERVICE LICEN JAMES			22. NAME AN	D ADDRESS OF FA	deral Ho	me		21617		
CERTIFICATION	shock, or heart failure. Lis  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OF AS A DUE TO (OF AS A		t Fa	alure				Interval Between		
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of Chronic Renal In Degen, Joint D	sufficiency					MS AN AUTOPSY ERFORMED? (ES 2 MO		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26 PL	ACE OF DEATH (Ch	eck only one)					
IXSI	1   YES 2   10   1	☐ Inpatient 2 ☐ ER/Output 28e. DATE OF INJURY	itlant 3 DOA 4.5	Nursing Hom	e 5 🗆 Residence						
	27. MANNER OF-DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF	WO	RK?	28d. DEŞCRIBE	HOW INJURY O	CCURED			
red BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci				28f. LOCATION ( City or Town	Street and Numb State)	er or Rural Ro	ute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: 1	N: To the best of my knowledge. On the basis of examination							and manner as stated.		
ш	29b. HIGHATUNE AND STLE OF CENTHUES				29c. LICENSE NUI	MBER /	29d. DA	TE SIGNED (	Month, Day, Year)		
TO B	both	2			D332	94	<b>&gt;</b> 4	4/14	190		
	806 Lappin MD	PO BOX (2)  32. REGISTRAR'S SIGNA  Juna	ATH (ITEM 27) (Type, Prince 22. Gold	Bob I	Lappin, I	1.D. G 21636	oldsbo:	ro, MI	21636		
	31. DATE FILED (Month, Day, Year)  APR 1 7 9	32. REGISTRAR'S SIGNA	Davidson-Ran	dell							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
MARIA	POADMAN	2. DATE OF OEATH MONTH DAY MAY O 1 C	<u></u>

FOR STATE REGISTRAR	E OF MARYLA	IND / DEPAR	TMENT (	OF HEALTH AI	ND MENT	FEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DA	ATE OF OEATH			ME OF DEATH
MARY MARIA	A	6	BOARI	MAN	MA	NTH DA		EAR 1 2	2:37A M
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (/	In yrs. last birthday)	IF UNDER 1		HRS. 7. DA	TE OF BIRTH	6.	BIRTNPLACI	E (State or Foreign
579-20-3263 1□M	2X F 7 3					4"/09"/1	919	Wash	ington,D.
9a. FACILITY NAME (If not institution, give street and no	,			OWN OR LOCATION	OF DEATH		9c. COUNTY		
PHYSICIANS MEMORI	AL HOSP	'ITAL	L.	A PLATA			CHA	ARLES	5
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR	LOCATION				T 10d	INSIDE CITY
Maryland Charles	_		La Pl						LIMITS?
10g STREET AND NUMBER	,		Ja	-			F. OFFITER		
Box 237 Mattingly	y Road			101. ZIP CODE	2064	6	10g. CITIZEN	U.S	
11. MARITAL STATUS 12. WAS	DECEDENT EVER IN	U.S. ARMED		S DECENDENT OF N			or No- 14.	RACE - A	merican Indien,
1 Never Married 2 K7 Married FORG	CES? 1 YES ES, GIVE WAR OR DA	2 PANO	If y	res, specify Cuban, I	Maxican, Puer			Black, White Specify:	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	0	16a. DECEDENT'S	USUAL OCC work done dur	UPATION ring most of working		16b. KIND OF BUS	SINESS/INDUST	TRY	
Elamentary/Secondary (0-12) College	(1-4 or 5+)	House				At Ho	me		
17. FATNER'S NAME (First, Middle, Lest)				-	'S NAME (Fin	st, Middle, Maiden	Sumame)		
Domenico Muscol	lino			200000000000000000000000000000000000000	-	ca Mus		а	4
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street and Number or					
James W. Boarman	Jr.			Matting					20646
209. METHOD OF DISPOSITION	20b.	PLACE OF DISPO	SITION (Name	of cemetery, cremato	ery or		CATION — City		
1X Burlal 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State	St. Man	cv's	Cemeter	·V				ryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0			AME AND ADDRESS			1		
1 2 de 6	1 to	·mel	200	ehart F			e.Inc	•	
23. PART I. Enter the diseases, pr complication	1	~~~	<u>lp</u>	O. Box	567,	La Pla	ta, Md	20	646
23. PART I. Enter the diseases, or complical shock, or heart failure. List only	tiona that caused one cause on e	the desth. Do a	not enter th	ie mode of dying	, such aa c	ardiac pr reapi	ratory arrest	t, [	Approximate interval Between
IMMEDIATE CAUSE (Final	13 14	0 0			./ //	1		ļ	Onset and Death
disease or condition a	(ardi	0 Kulor	rona	ry a	SYLC	7		]	
	DUE TO (OR AS A	CONSEQUENCE O	7:	,0					
C b	Myote	arolia	( In	parcy.					
Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A	CONSEQUENCE O	P):	C					
cause. Enter UNDERLYING CAUSE (Disease or injury									
that initiated events	DUE TO (OR AS A	CONSEQUENCE O	IF):						
reaulting in death) LAST									
PART ii. Other aignificant conditions contrit	huting to death h	ut not resulting	in the und	advino causa olu	n in Part i	. 24a, WAS AN	ALITODOV	T 245 WED	E AUTOPSY FINDINGS
	73		HI UIV UIV	miying caces g.r.	20 m - m .	PERFOR		AVAR	LABLE PRIOR TO PLETION OF CAUSE
Jeph westing,	Anger	, chil				1 - YES 2	□ NO		EATH?
•								1 🗆	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	26. PLACE OF DEAT	IN (Check onl)	y one)			
	setlent 2 - ER/Outp		4 🗆 Nursir	ng Home 5 - Resid					
	(Month, Day, Year)	28b. Till IN	ME OF 2	8c. INJURY AT WORK?		DEȘCRIBE HOW I	NJURY OCCUP	RED	
1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2 N	10				
3 Suicide a Could not be	e. PLACE OF INJURY building, etc. (Spec	- At home, farm,	street, factor	y, offica	28f. I	LOCATION (Street I	and Number or	Rural Route	Number,
4 Homicide detarmined									
29a. CERTIFIER (Check only	the best of my know	riedge, death occur	red at the tim	e, data and place, ar	nd dua to the	cause(s) and mar	nner as stated.		
one) 2 MEDICAL EXAMINER: On the									manner sa stated.
					SE NUMBER				
201- SIGNATHOE AND TITLE OF CERTIFIER	A 1	· ~	An in 1						
29b. SIGNATURE AND TITLE OF CERTIFIER	Herdy	ing Ph	you Cie	in.		Ì	D (-	9 0	th, Day, Year)
lishath, H	Herd	ing Ph	yor Cie	D12			15-	9-9	(h, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPL GIRIJA SHANKAR RA	LETED CAUSE OF DE ATH, M, D REGISTRAR'S SIGN	•		in.	587	ICE Rd LAND 2	>5-	9-9	70

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR 1 - STATE REGISTRAR	STATE OF MA		PARTME				ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	Nick	н.		Boot	·h		A DATE OF OEATH DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birth		DER 1 YEAR	IF UNDER 2	M HRS.	DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
v.	244 07 4767	1 M 2   F	84 Y	RS. MONTH	S DAYS	HOURS	MIN.	(Month, Day, Year) une 2, 19	05	Vir	, ginia
)	9a. FACILITY NAME (If not institution, give	street and number)		9b. C	TY, TOWN O	R LOCATIO	N OF DEAT	'H	9c. COU	NTY OF DE	ATH
TOT:	Calvert Memorial	Hospital Hospital			rince	Fre	deri	ck		<u>Calve</u>	rt
DIRECTO	MD Cal	πγ Lvert	10	c. CITY, TOW	on Locat						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			Hull		ZIP CODE			10a CIT		1 VES 2 NO
RA	Box 53				222	0639			4.19	USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT   FORCES? 1	YES 2 XNO		If yes, spe	city Cuben	, Maxican,	ORIGIN? (Specify Yes Puerto Ricer, atc.)	or No—	Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAI				2 💢 NO	Specify:			Specify	black
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementery/Secondery (0-12)		16a. DECEDI (Give ki life. Do I	ENT'S USUAL ind of work do NOT use retire	OCCUPATION  ne during mod  d.)	N at of working	7	16b. KIND OF BUS	INESS/INI	DUSTRY	Li.
7	2	Consign (I-4 of 5 4)	sawı	mill v	orker			Lumbe	r		
Š	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAME	E (First, Middle, Maiden S	Sumame)		
BE	Robert	Booth					Sara				
ဥ	19a. INFORMANT'S NAME (Type/Print)						or Rural Ro	ute Number, City or Town	, State, Zij	p Code)	
	Robert Booth			me as						01 T.	0.1
	1 (∑ Buriel 2 ☐ Cremation 3 ∑ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stata	20b. PLACE OF 0 other place)	rs.	TAA "CH Church	JRCH C	EMELE	Zue too		City or Tov	ranklin) NC
	21. SIGNATURE OF FOREHAL SERVICE	Гісенаев	0		22. NAME AN				DDuz	9 (2	2 411/12/211/
	M. Mass	ad Phy	des				Toney	y Funeral NC 2788		2	
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter Understanding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. CAYO  OUE TO (C  DUE TO (C	on each line.  On as a consequent  on as a consequent	NCE OF):							Approximate interval Between Onset and Death
	that initiated events resulting in death) LAST  PART II. Other significent conditi	_ d	OR AS A CONSEQUEN		underfying	ceuse g	iven in P	art 1. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	COPD, Carc Failure, 1	Inomab Zenal 1	insuffic	Cong	estivey.	ne H	ead	PERFOR 1 VES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTH	26. PL	ACE OF OE	EATH (Chec	k only one)			
ız	1 ☐ YES 2NØ NO	1 ☐ Inpatient 2 💢		DOA 4 🗆	Nursing Hom			Other (Specify)			
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigatio	28a. DATE OF II (Month, Day		INJURY		URY AT RK? res 2 [		28d. OEŞCRIBE HOW II	NJURY OC	CURED	
	3 Suicide 6 Could not a	pe building, e	INJURY At home, tc. (Specify)	farm, street,	factory, offic			281. LOCATION (Street e City or Town, State)	nd Numbe	er or Rural R	loute Number,
COMPLETED	const only	YSICIAN: To the best of m									and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	ter toward	- Y	1.0			NSE NUME		29d. DA	TE SIGNED	(Mgnth, Dey, Year) 4 9 U
٥	30. NAME AND ADDRESS OF PERSON  ZAHIR YOUS		OF OEATH (ITEM 27	) (Type, Print)			_	rederick,	Md	20678	
	31. DATE FILEO (Month, Day, Year) MAY 1 6 19	90 Julia Da	rs signature and	ell							

3. TIME OF DEATH

6	0		-
E	Ö.		53
8	50		Ë
00	馬		-
9	-		2
ë	9		E
eat	5		è
45	0	70	9
Te Te	5	3	7
त्त	3	E	2
15	=	9	9
0	P	6	E
4	윤	c.	
CA	-	2	=
5	(e)	50	-
¥2	ele	60	5
2	E	0	2
ie e	8	B	-
궁	P	à.	ž
8	6	0	E
9	an	La.	5
E3	10	.2	E
at	Ě	CL.	Sec
ific	G.	2	2
en	2	ğ	2
0	5	£	100
a	き	œ.	_
ő	40	E	5
2	\$	Σ	E
411	8	9	-
Page 1	9	9	E
60	9	喜	44
9	Sign	e	8
9	6	1	9
9	ee	0	100
<b>₩</b>	5	점	3
63	E	ŏ	eA
Ē	93	te	E
	Cal	Sta	=
A	吳	60	-
9	90	ŧ	-
35	S	듄	2
표	=	3	른
5	9	臣	9
N	Aft	96	=
Z	iri	les.	- 50
H	0	346	89
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
R	8	N	20
0	0	2	=

PHYSICIAN:

BY

COMPLETED

BE

2

1 VES 2 NO

DONALDE.

31. DATE FILED (Month, Day, Year)

MAY 1 4 190

5 Pending investigation

8 Could not be

2815 SIGNATION AND TITLE OF CENTIFIER

determined

27. MANNER OF DEATH

1 Netural Accident

3 Sulcide

4 Homicide

	REGISTRAR			CERTIF	ICATE	E OF	DEA	TH	RE	G.
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE OF OR	
		JOHN W	ESLEY	BOYD	Sr	•			05-1	3
	4. SOCIAL SECURITY NUMBER	5. SEX	. last birthday) IF UNDER 1 Y					7. DATE OF BIRTH (Month, Day, Year		
	218-10-4281	1 🔀 M 2 🗌 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar 2	L
	9a. FACILITY NAME (If not institution, give						OR LOCAT			
OR	21311 Burnham	Road			Ga	alth	ners	bur	3	
5	RESIDENCE OF DECEDENT	TY		10c CI1	ry, TOWN (	DR LOCA	TION			_
DIRECTOR		ntgomer	V		Gait			ra		
	10e. STREET AND NUMBER						f. ZIP COC			_
RA	21311 Burnham	Road						208	79	
BY FUNERAL	11. MARITAL STATUS 1 Never Married AMARITAL 3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2	ARMED NO		If yes, ap	CENDENT (  Decity Cubic 2 2 100	en, Mexica	NC ORIGIN? (Spe n, Puerto Rican, y:	city atc.
ETED	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)	18a.	DECEOENT'S	USUAL O	CCUPATI during me	ON ost of work	ina	16b. KIND	OF
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u						
COMPL	4th Grade		E	quipr	nent	q0			Stat	
8	17. FATHER'S NAME (First, Middle, Last)						-		ME (First, Middle,	
BE	John W. Boyo	i Sr.						anna	-	-
0	19a. INFORMANT'S NAME (Type/Print)	-3 /raif-	,						Route Number, City	
	Mrs Lucy L. Boy	yd (Wife		2131			am I	_	Gaithe	_
	1 Burial 2 Cremation 3 Res	moval from Stata	other	CE OF DISPO	-					20
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICENT	ICENS#5	-   Br	ooke			emet			ةر
	( - 1 )		1						RAL HO	)I
-	the K.	mon	der			46_			ingtor	
	23. PART I. Enter the diseases, or shock, or heart fallure IMMEDIATE CAUSE (Final	. List only one car		ina.						rr
	disease or condition resulting in death)	. Cide	no ca	rein	ma,		our	ran	- wich	-
		OUE TO	(OR AS A CON	SEOUENCE C	OF):	1		0		
N	Sequentially list conditions,	b								
CATION	if any, laading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CON	SEQUENCE C	PF):					
S	CAUSE (Disease or injury	c. DUE TO	(OR AS A CON	SEQUENCE O	P):					_
CERTIFI	that initiated events resulting in death) LAST		,		,					
S		d								
AL	PART II. Other algnificant condition	ona contributing to	death but no	ot resulting	in the u	nderlyln	g cause	given in	Part I. 24a.	WA PE
MEDICAL	from justs	steris	· de	our	47	140	; 1	M	10	YE
	coroney	ande	in ga	+ +	- c	ond	سنا	مسم		
AN:	congetich l	ent pa	ilmi	0	de	ens	el in	Suff	Lim	_
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C)	eck only one)	_
400	1 VER 2 NA	4 🗆 1			The state of		- No.			

D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

DILLON

1 Inpatient 2 ER/Outpetient 3 DOA

2901 OINE

32. REGISTRAR'S SIGNATURE wha Davids

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28a. DATE OF INJURY (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 YES 2 NO

13832

28c. INJURY AT WORK?

-9°0 4:30 P M 8. BIRTHPLACE (State or Foreign 1920 Maryland 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY 1 YES 2 XNO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE --- American Indian, Black, White, etc. Specify: Black BUSINESS/INDUSTRY Road Commision iden Sumamel son Town, State, Zio Code) sburg, Md 20879 LOCATION - City or Town, State ytonsville, Md ME P.A. 20850 St, Rockville Approximate papiratory srrest. interval Batween Onset and Death Y MOS 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO AN AUTOPSY COMPLETION OF CAUSE S 2 NO OF DEATH? 1 | YES 2 | NO 4 Nursing Home Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ee stated. DHMH-18 Rev 1/89

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho

	Dosp	che	esi
	the	det	ē
	3	1 De	at
	ined	oulc	fled
	reta	S S	noti
	pe /	age	pe
	may	or, p	12
	Je 6	rect	Ē
	Z	jo je	ne
	eath.	funer	Eex
	p Jan	the wal.	(e)
	s af	P E	dica
A	hour	i pa	E
Į	24	fill tion.	the
	iğ.	leteh	m,
	∌ De	omp	eve
	ecut	nd o	atic
	e ex	an a	En
	te b	Sicia	ta
	tifica	one one	ther
	Ced	Hyai	10
	eath	atte	7, 0
1	he d	the	흔
	hatt	and and	ny i
	es t	gne	20
	equir	en Si	how
	W LE	s be	3
	he	e ha	m 2
	N: I	Stat	<u>=</u>
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an arrived and with the State Dear of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	YH.S	this	ked
,	NGF	fler i	E
)	Q	R. A.	
	ATTE	CTO	28
	OR	DIRE	tem
1	TAL	AL	=
	SPI	INER	N
	E H	E FU	FI
	王	H	8
	2	23	3

1 - STATE REGISTRAR	SIAIE UF M		FICATE OF		WENTAL MYGIEN REG. NO.		
1. DECEDENT'S HAME (First, Midd		. Bus	CHER		2. DATE OF DEATH MONTH DATE  5 - 12		S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
577-09-2776	1 M 2 □ F	78 YRS.			JULY 10,1		MARYLAND
9e. FACILITY NAME (If not institute	ion, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	Y OF DEATH
HARBOR HOSPIT	FAL		BALTIM	ORE CITY			
	COUNTY	10c. C	ITY, TOWN OR LOCA	ATION			10d. IHSIDE CITY
MARYLAND	1 YES 2 NO						
10e. STREET AND NUMBER			KOMA PAR	of, ZIP CODE		10g. CITIZE	H OF WHAT COUNTRY?
918 PROSPECT	STREET			20912		USA	
11. MARITAL STATUS 1 Never Married 2 Marri		T EVER IN U.S. ARMED			IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No- 14	I. RACE — American Indian, Black, White, etc.
3 XI-Vidowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 🗆 YE	S 2 XNO Specify	<i>t</i> :	,,	Specify:
	NT'S EDUCATION	16a, DECEDENT	'S USUAL OCCUPAT	ION	16b. KIHD OF BUS		THITE
(Specify only high Elementary/Secondary (0-12)	hest grade completed)  College (1-4 or 5 +	Min Do NOT	f work done during n use retired.)	nost of working			
12	doings (in di di	LIOUOR	BROKER				
17. FATHER'S HAME (First, Middle,	Last)		DATOTOR	16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
PHILLIP BUSCH	HER			GERTRU	DE SHAW		
19e. INFORMANT'S NAME (Type/F	Print)	19b. MAILIP	G ADDRESS (Street		Route Number, City or Tow	rn, State, Zip Co	ode)
RUTH D. STAU	FFER (FRIE	ND) P.O.	BOX 326	RIVA. M	ARYLAND	2114	.0
20s. METHOD OF DISPOSITION 1 Burlel 2 TyCremetion	3 ☐ Removal from State	20b. PLACE OF DISP other place)	OSITION (Name of o	emetery, cremetory or	20c. LO	CATIOH CI	y or Town, State
4 Donation 5 Other (Spe	cify)	METROPOLI				XANDRI	A. VIRGINIA
21. SIGHATURE OF FUNERAL SE	RVICE LICENSEE	0		AND ADDRESS OF FA	CILITY LLINS FUNE	RAT. HO	MF INC
1 pan	is Haller	D. A			Y BLVD . W.		
23. PART I. Enter the disee	ses, or complications that fallure. List only one cau	t caused the death. Do	not enter the m	oda of dying, auc	h aa cardiac Dr reap	iratory arres	t, Approximeta
IMMEDIATE CAUSE (Final							Onset and Deal
disease or condition requiting in death)		NGESTIL	IE HE	ART F	AILURE		
	DUE TO	(OR AS A CONSEQUENCE	OF):				
Sequentially list conditions	b	ARDIO	MYOPA	Thy.			
if any, leading to immediate cause. Enter UNDERLYING							
CAUSE (Disease or Injury		EPTIGIN					<del>-</del>
that initiated evente reaulting in death) LAST		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ļ
	d						
PART ii. Other significant of			•		DEDECT	DMED2	24b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO
ATRI	AL FIBR				CLED 1 TYES 2	2 110	OF DEATH?
	VENTRICU	LAR R	ESPONS	E			1 TES 2 TO NO
25. WAS CASE REFERRED TO MI EXAMIHER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
1 TYES 2 NO	28a, DATE OF	ER/Outpatient 3 DOA		me 5 Aesidence	6 ☐ Other (Specify)  28d, DESCRIBE HOW	INTITIBA OCCIT	RED
1 Natural 5 Pen	ding (Month, D		INJURY Y	YES 2 HO			
a Catata	stigation 28e. PLACE 0	F INJURY At home, fam			28f. LOCATION (Street	end Number or	Rural Route Number,
0 000	id not be building,	etc. (Specify)			City or Town, State,	)	
290. CERTIFIER	IHG PHYSICIAN: To the best of	- I knowledge death one	arread at the time of	to and place, and du	to the source(s) and ma		
CONSTRUCTION OF THE STATE OF TH							cause(s) and manner ee stated.
29b. SIGNATURE AND TITLE OF		A52441	614-29	29c. LICENSE NU	MBER		SIGHED (Month, Day, Year)
30. NAME AND ADDRESS OF PE						- 3	
31. DATE FILED (Month, Day, Year	EL ROSLEI	UR'S SIGNATURE					
C- MAY 1.6	100 25	K:1 30	Access				

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	10**	3. TIME OF DEATH			
		BROSNAN  E (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	5 / /3	190	IRTHPLACE (State or Foreign			
)	356-07-3056 1 <b>X</b> M 2□ F 7.	3 YRS. MOI	NTHS DAYS	HOURS MIN.		/ 1917 PE	ENNSYLVANIA			
_	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
Ö	SUBURBAN HOSPITAL BETHESDA MONTGOMERY									
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INS									
FUNERAL	5213 White Flint	10f. ZIP CODE 10g. CITIZEN OF W								
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	S 2 NO DATES	If yes, sp		HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	8	RACE — American Indian, Black, White, etc.			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USU	IAL OCCUPATION	N.	16b, KIND OF BUS	INESS/INDLISTE	while			
COMPLETED	(Specify only highest grade completed)  Elamentery/Secondary (0-12)  College (1-4 or 5+)	(Give kind of work life, Do NOT use re	done during mo tired.)	st of working	TOOL KIND OF BOO		.			
MP	12 17. FATHER'S NAME (First, Middle, Last)	SHEET ME	TAL ME		ME (First, Middle, Maiden :	D				
	WILLIAM JOSEPH BROSNAN			22,120,141,12	TH COCHRAN	surneme)				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a		Route Number, City or Town	, State, Zip Code	)			
2	MARGARET J. BROSNAN (WIFE)	5213 WH	ITE FL	INT DRIV	E KENSING	ron. MA	RYLAND 20895			
	20e. METHOD OF DISPOSITION  1 String Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	other place)				CATION — City o				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	PARKLAWN C		Y ND ADDRESS OF FA		XVILLE.	MARYLAND			
	* Trancis Pallis	s Sa			LLINS FUNEI		E, INC.			
	23. PART I. Enter the diseases, or consilications that caus shock, or heart failure. List only one couse on						Approximate interval Between			
			0	0	C O .		Onset and Death			
		E My OC B A CONSEQUENCE OF):	ala		1		Build			
_	= QX 78	110500	464	c hea	ezib te	ale	4 years			
2	Sequentially list conditione, if any, leading to immediata	S A CONSEQUENCE OF:					51000			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury		emia	/			Oyeng			
Ë	that initiated events resulting in death) LAST	S A CONSEDUENCE OF):								
S	d									
DICAL	PART II. Other eignificent conditions contributing to deet	but not resulting in t	he undariyin -	g cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE			
	Carona watery	Jy Ducosi	>		1 TYES 2	No	OF DEATH?			
Σ	0			-	_		1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (C)	eck only one)					
SIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpatient 2 FER/O		THER:	ne 5 🗆 Residence	8 Other (Specify)					
Y PHYSICIAN: ME	27. MANNER OF DEATH  280. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME O	Y WO	IURY AT ORK? YES 2 NO	26d. DEŞCRIBE HOW II	NJURY OCCURE	D			
ED BY	Accident Investigation    Accident Investigation	IRY — At home, farm, stre-	et, factory, offic	:0	28f. LOCATION (Street a City or Town, State)	and Number or Ri	ural Route Number,			
	29a. CERTIFIER (Chack not) (Chack not) (Chack not)	owledge death occurred a	if the time date	and place, and du	to the cause(s) and mar	mer as stated				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examina						use(a) and menner sa stated.			
BE	(29b. SIGNATURE AND TITLE OF CERTIFIER	Daw		29c, LICENSE NU	MBER 44	29d. DATE SIG	aned (Month, Day, Year)  Aug 13 1996			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	(a 21	a Yourn	Cracy Blud	Rott	och 112 700 x			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	GNATURE	901	DEMO	JULY DIVA	, Beill	vsic, IND-Cy/			
	MAY 16'90 Julia Da	vidson-Randoll			,					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 formable than the function of the physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages:1, 2. Amount be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 8+1

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

eleass &

died Erom

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN'	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D	EATH			TIME OF DEATH
,	BERTHA	WRIGHT	BRENNAN		i	05	08	19	90	3:25 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH			NCE (State or Foreign
	220 54 0210	Χ ,	2 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day	1 1	897	Virg	
~	9a. FACILITY NAME (If not institution, give str	r	9		R LOCATION OF DE	ATH		9c. COUNTY		
5	7003 - 23rd Aven	ue		Hyatt	sville		$\perp$	Pri	ice (	George's
S	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ON				10	d. INSIDE CITY
<b>E</b>	Maryland Prin	ce George's	Hyat	ttsvill	е				12	LIMITS?
7	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEI	OF WHA	T COUNTRY?
ER/	7003 23rd Avenue				20783				U. S	S.A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	U.S. ARMED		NDENT OF HISPAN			or No- 14	RACE -	American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			cify Cuban, Mexicar 2 X NO Specify		, etc.)		Specify:	hite, atc.
ВУ	3 🖾 Widowed 4 🗌 Divorced			<u> </u>						White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	16a, DECEDENT'S US (Give kind of work	k done durina mos		16b. KIN	D OF BUSI	NESS/INDUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	itte. Do NOT use n	,			77 -			
₹ I	High School 8		Homemal	ker			Hot			
8	17. FATHER'S NAME (First, Middle, Lest)	1	Wright		18. MOTHER'S NAI		n, Maiden S	lumame)	Bol1	ina
BE	George									TING
2	19a. INFORMANT'S NAME (Type/Print)  Katherine B. You	zo 1.1			nd Number or Rural F	Route Number, C	ity or Town,	State, Zip Co	ode)	ļ
.			. PLACE OF DISPOSITI				20- 100	ATION CIT	. as Taura	01111
	20a, METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Females	Seni tyben Stata	other place)							/irginia
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE CO.		Metropoli:		D ADDRESS OF FAC	CILITY	Alez	Kanur.	La, \	/IIgInia
	0 4	11.//	1	Hines	/Rinaldi	Funer			_	20904
	2 dans	New	du-		New Ham					
	IMMEDIATE CAUSE (Finel	List only one cause on e  Acute myo	ech line. cardial d		ue or dynig, suc	n am Caronac	or reapir	atory arrea	ι,	Approximate interval Between Onset and Death
Í	EMPORT OF A STATE OF THE STATE	DUE TO (OR AS A	CONSEQUENCE OF):							
N	Sequentially list conditions,	chronic m		diseas	е.					
FA	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initieted events	OUE TO (OR AS /	CONSEQUENCE OF):							1
E	reaulting in death) LAST									
		1.								
¥.	PART II. Other aignificent condition	a contributing to deeth b	out not reaulting in	the underlying	cause given in	Part i. 24s	PERFORI			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
PHYSICIAN: MEDIC	None			<del></del>	<del></del>	1[	YES 2	NO NO		DMPLETION OF CAUSE F OEATH?
ME						_			1	YES 2 NO
ž										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	,				
ΙΥS	1 📜 YES 2 🗆 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA 4		e 5 A Rasidence	8 Other (Sp 28d. DESCRI		I II III OOOII	BED	
直	1 Netural 5 Pending	(Month, Day, Year)	INJUR	RY WO	PIK?	zea. DESCHI	DE NOW IN	IJONT OCCO	NED	
B	2 Accident Investigation 3 Suicide Part Could not be	28e, PLACE OF INJURY	/ — At home, ferm, str			261, LOCATIO	N (Street a	nd Number or	Rural Rou	te Number
COMPLETED	4 Homicide 8 Could not be	building, etc. (Spe	cify)	,		City or To	own, State)			
91	29a. CERTIFIER									
MP	(Check only	CIAN: To the best of my know R: On the basia of examination								nd manner en stated
8							, piace, ain			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Deputy Me	dical Exer	miner	29c. LICENSE NUI					fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Top 2	- Time	D099	17		7/	/9/90	)
	John S. Rogers, 1				laran Com	ine M	ת מי	001.0		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	VATURE	Jau, D.L.	rver ppr	THE, M	וא כו	OATO		
	MAY 1 0 '90	Julia Davidsor	-Randoll							

를	9		9
3	200		ä
ped	pino		6
tain	Sho		复
9	0		2
y	age		ê
E	Ж.		100
9	ect		Ē
230	6		9
ď.	era		늴
deal	Ş		X3
ter	the state of	DVa	-e
S	3	E I	8
100	E P	50	E
4	fille	ou.	9
il.	ek	nati	=
With	plet	Crer	ie ii
pe	mo3	a,	5
ecu	B	M	듩
8	n a	유	Ë
Ď,	sicia	ij.	12
icat	Phys	е р	6
ertif	Du	gier	듬
9	gu	È	0
deat	attr	mtal	ž
he	the	ž	킅
att	B	and	¥ .
S	ned	£	8
uire	Sign	Hea	¥8
leg-	uee.	oţ	욢
3W	d SI	ept.	23
he	e ha	0	E
-	cate	Stat	=
CIA	ertifi	the	6
NS.	SCE	重	Ď,
푼	Ē	W	훈
NG.	After	leath	Ĕ
S	R.	D Je	99
F	6	aft	28
HC.	J.E	OURS	E
7	1	2 1	#
PIT	ERA	7 11	=
8	NO.	Milita	M
B	111	20	E
	7	40	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or

													) !	0 142	01
	FOR STATE REGISTRAR		STATE OF MAR					EALTH DEAT			YGIEN EG. NO.				
	1. OECEDENT'S NAME (First									2. DATE OF D	EATH	W	CYEAR	3. TIME OF DEATH	
	MARIO!	N'	BUCHF	EIT	1	= .				57		s.	90	1120	Pu
	4. SOCIAL SECURITY HUME 211-26-90	-	5. SEX 6. /	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day 10/1/	Year)		a. BIRT Coun Per	**	elgn
	9a. FACILITY HAME (If not in	stitution, give s	treel and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE		34	9c. COU	NTY OF	**	
NO BO	Suburban Hospital					В	ethe	esda				Мо	ntg	omery	
딥	RESIDENCE OF DECEDENT  10e, STATE 10e, COUNTY				10c. CIT	Y. TOWN (	OR LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	Maryland Montgomery				Į.	Theat	on							LIMITS?	10
FUNERAL	100. STREET AHD NUMBER		Pond				101	2090					IZEH OF	WHAT COUNTRY?	
N.	11. MARITAL STATUS	S MILL	12. WAS DECEDENT EV	/ED IN II S ADI	MED	12	WAS DEC			IC OBICINA (6-	anthi Van			E — American Indian	
BY FU	1 Hever Married 2x 3 Widowed 4 Dive	_	FORCES? 1 [] IF YES, GIVE WAR	YES 2 H					n, Puerto Rican		or no-	Blac	ck, White, etc.	,	
ED		EDEHT'S EDU		16a. DE0	CEOENT'S	USUAL O	CCUPATIO	N		16b. KIN	OF BU	SINESS/IND	DUSTRY		
COMPLETED	Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)  f Ma		si of worldn	g	Supe	rvi	sor	M.V	.A.	
M	17. FATHER'S HAME (First, N	fiddle ( ast)		000		, , , , ,			IER'S NAI	ME (First, Middle					
BE C(	James Ster	, ,	n		_					n Huyo		Contracting		02.1	
TO B	19a. INFORMANT'S HAME (									Floute Number, C			p Code)		
-	Edward R. I		<u>it</u>	-						Wheato					
	20a. METHOD OF DISPOSIT 1 1 Burlel 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Rem	novel from State	20b. PLACE other pla	lane			netery, crem eaver				S.Mo		fown, Stata	
	21. SIGHATURE OF FUNE	L SUNICE LI	Knala	1				New		ility p.Ave.S	s.s.	Md.			
	23. PART I. Enter the	iseases, or	complications that ca	used the de	eth. Do	not enter	the mo	de of dyi	ing, suci	h as cardiec	or resp	iratory an	rest,	Approxima	
	IMMEDIATE CAUSE (Fi		Electric Ele	on each line	9	lub	all	eus	e					Interval Be Onset and	
			DOG TO (ON	AS A CONSEC	DUENCE C	?/	20	0							
CERTIFICATION	Sequentielly list condi- if any, leading to imme	diate	DOE TO (Q)	As a consec	ULINCE C		1/.	1.	/						
S	cause. Enter UNDERLY CAUSE (Disease or Inju		· Illy	AN A CONSEC	cal	60	IJ	an	en	isco.	a			-	
TF	that initiated events reaulting in deeth) LAS	ST	1/1-	r O	J. Sanda	200	1	,	0					j	
E		•	a CRE	20	de	mi	un	du	w						
MEDICAL	PART II. Other signific	ant condition	ns contributing to de	ath but not r	esulting	in the u	nderlyin	g cause (	given in		YES 2		24	b. WETE AUTOPSY FIN MINICABLE PRIOR 1 COMPLETION OF CO OF DEATH!	TO ALIGIE
M										_					100
AN	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)			_		
SIC	EXAMINER?		HOSPITAL:	NOutpatient 3	□ poa	4 Nu		o S I Ro	sidence	6 Other (Sp	ecify)				
PHYSICIAN:	27. MANNER OF DEATH	Pending	38s. DATE OF INJ (Month, Day)		26b. TH	ME OF JURY M	W	URY AT	7 NO	28d. DESCRI	BE HOW	INJURY OC	CURED		
TED BY	2 Accident 3 Suicide 6 4	Investigation Could not be distarmined	39s. PLACE OF B building, etc.	Gutty At ho	me, ferm,	street, for	nory, offic	*			N (Street wit, State		er or Aura	I Route Number	
COMPLETED	anal	ALTONO STORY	ER: On the basis of exam											(s) and manner as st	ated.
E CC	296. SIGNATURE MENTITL	рог сеятин	n / //	7.	-			29c. LIC	EHSE NUI	MBER		29d. DA	TE SIGNE	ED (Month, Day, Year)	
TO BE	Koh	out.	HO COMPLETED CAUSE	solve	ill	8			D	11145		13	5-1	7-90	

32. REGISTRAR'S SIGNATURE
Julia Davidson Randoll

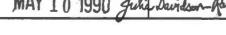
31. DATE FILED (Month, Day, Year) MAY 1 0 '90

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

5-30-90 cm FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			LUIII	ICATE (	OI DE		REG. NO	J		
1. DECEDENT'S NAME (First, Middle, Li	· ·				V- 12		2. DATE OF DEATN MONTH	DAY	YEAR	3. TIME OF DEATH
Jea	n	Guy	В	ouffar	d		5-6-90			11:16AM
4. SOCIAL SECURITY NUMBER 201-592-789	5. SEX	8. AGE (In yrs. 48	lest birthday) YRS.	MONTHS D	EAR IF UN	NDER 24 HRS. RS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 20,	1941	Count	
9a. FACILITY NAME (If not institution, g Anne Arundel G				9b. CITY, TO		CATION OF DI	EATN	9c. COU	NTY OF E	
RESIDENCE OF DECEDENT			-			.poito		THER	- 111	
Quebec 106. COL		St. Raphael							10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 85 Route 28			•	101, ZIP (	CODE			nad	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	MARITAL STATUS  12. WAS DECEDENT EVER IN 0 FORCES? 1 ☐ YES IF YES GIVE WAR OR DAT			If yo	es, specify C		NIC ORIGIN? (Specify Yon, Puarto Ricen, etc.)		14. RAC Blac Spec	E — Americen Indian, k, White, etc.
(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of life. Do NOT u	usual occu work done duri me retired.) Drive	vorking	166. KIND OF B		DUSTRY		
17. FATHER'S NAME (First, Middle, Last,				-	18, 8	MOTHER'S NA	ME (First, Middle, Maide	n Surneme)		
Jules Bouf	fard						e Roy			
190. INFORMANT'S NAME (Type/Print) Helene L. Bo	uffard						Route Number, City or To			a
36s. METHOD, OF DISPOSITION		20b. PLA		SITION (Name				OCATION -		
1 X Barriel 2 Cremation 3 1 1 4 Denuation 5 1 Other (Specify)	temoval from State	St	Disent) /	hael				Cana		
2 AGNATURE OF FUNERAL SERVICE	LECENSEE /					DRESS OF FA	eral Cha	nal		21401
23. PART I. Enter the diseases, shock, or heert felle IMMEDIATE CAUSE (Finel	or complications the	at caused the	death. Do Ine.	14	7 G1	ouce	ster St.	Ann	a po	
shock, or heart felle	e. ARTERIO	use on each I	ne. FIC CA	14 not enter the	7 G1	OUCE f dylng, suc	ster St.	Ann	a po	Approximate Interval Between
shock, or heert felic IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	e. ARTERIC DUE TO b	OSCLERO	PIC CA SEQUENCE C SEQUENCE C	not enter the ARDIOV.	7 G1	OUCE f dylng, suc	ster St.	Ann	apo reet,	Approximate Interval Between
shock, or heert felic IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. ARTERIC DUE TO  b DUE TO  c OUE TO  d	OSCLERO: O (OR AS A CON O (OR AS A CON	PIC CA SEQUENCE C SEQUENCE C	1 4 not enter the ARDIOV.	ASCUL	OUCE: f dying, suc	ster St.  ch as cerdiec or ree  SEASE	Ann piratory er	reet,	Approximate Interval Between Onset and De
shock, or heert felic IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. ARTERIC DUE TO  b DUE TO  c OUE TO  d	OSCLERO: O (OR AS A CON O (OR AS A CON	PIC CA SEQUENCE C SEQUENCE C	1 4 not enter the ARDIOV.	ASCUL	OUCE: f dying, suc	Ster St.  th as cerdlec or ree  SEASE.	Ann piratory er	reet,	Approximate Interval Between
shock, or heert felic IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA	e. ARTERIC DUE TO c. OUE TO d	OSCLERO: O (OR AS A CON O (OR AS A CON	PIC CA SEQUENCE C SEQUENCE C	1 4 not enter th  ARDIOV,  DF):  DF):	erlying cau	ouce f dying, suc	Ster St.  th as cerdlec or ree  SEASE.	Ann piratory er	reet,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
shock, or heert felic IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?	e. ARTERIC DUE TO  c. OUE TO  d. HOSPITAL:	OSCLERO O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	SEQUENCE C	1 4 not enter th  ARDIOV  OF):  OF):  OTHER:	ASCUL	OUCE.  f dying, suc	SEASE.  1 Part I. 24a. WAS / PERF	Ann piratory er	reet,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
shock, or heert felix IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  VXXYES 2 NO  27. MANNER OF DEATN 1 Natural 5 Pending	e. ARTERIC DUE TO  c. OUE TO  d. HOSPITAL: 1   Inpetient 2 26a. DATE C (Month,	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	SEQUENCE CO	OTHER: 4 ONUSIN	ASCUL	ouce: f dying, suc AR DI:	Ster St.  Shas cerdlec or ree  SEASE  Part I. 24a. WAS  PERF	Ann piratory er	24	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
shock, or heert felic IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  (XXVES 2   NO  27. MANNER OF DEATN	e. ARTERIC DUE TO  c. OUE TO  d	DSCLERO O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O death but no	SEQUENCE CONSEQUEN	OFF:  OFF:	erlying cau  28. PLACE ( 99 Home 5   86. INJURY WORK? 1   YES	ouce: f dying, suc AR DI:	Ster St.  th as cerdlec or ree  SEASE.  Pert I. 24a. WAS / PERF  XXXXYES  heck only one)  6 □ Other (Specify)	Ann piratory er  An Autropsy ORMED?  2 □ NO	24	Approximate Interval Betwo Onset and De Onse
shock, or heert felix IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  VXYES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	e. ARTERIC DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1   Inpatient 2 28a. DATE C (Month, ion to be d   Mysician: To the best	DSCLERO O (OR AS A CON O (OR AS A CO	SEQUENCE CO	OTHER:  4   Nursin  ME OF  JURY  M  street, fectory	erlying cau  2e. PLACE ( g Home 5   8c. INJURY WORK? 1   YES y, office	OUCE. f dying, suc AR DIS  JSE given in  OF DEATN (C	Ster St.  ch as cerdiec or ree  SEASE.  Part I. 24a. WAS / PERF  XXXXYES  heck only one)  6  Other (Specify)  28d. DESCRIBE NOV  28f. LOCATION (Stre. City or Town, Stre.  e to the causs(s) and no	Ann piratory er  AN AUTOPSY ORMED? 2 □ NO  V INJURY OC et and Number (e)	24  CCURED or or Rural	Approximate Interval Betwo Onset and De Onse
shock, or heert felix IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  VXYES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	e. ARTERIC DUE TO  c. OUE TO  d. Itione contributing to  the properties of the best of the	DSCLERO O (OR AS A CON O (OR AS A CO	SEQUENCE CO	OTHER:  4   Nursin  ME OF  JURY  M  street, fectory	erlying cau  26. PLACE ( WORK? 1 YES y, office e, date and p	OUCE. f dying, suc AR DIS  JSE given in  OF DEATN (C	Ster St.  Shas cerdled or ree  SEASE.  Part I. 24e. WAS / PERF  XXXXYES  heck only one)  6  Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Stree City or Rown, State of the cause(s) and no etime, data and place,	A nn piratory er  NN AUTOPSY ORMED? 2 In No  V INJURY Oct et and Number te)  29d. DA	24	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATN?  MIXING S. 2 NO  Route Number,  (a) and manner as state-



DHMH-16 Rev 1/89

சமா இவர்ம் கொழிக்கள் 

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detribed.	-	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
by the	be det		at on
tained	should		tiffed
y be re	sage 5		be no
e 6 ma	ector, s		must
h. Pag	eral dir		niner
ter deat	the fun	wal.	exar
ours af	In by	or remo	nedic
n 24 h	by filled	ation,	the i
d with	mplete	I, crem	event,
execute	and co	o buria	matic
ate be	ysician	prior t	traut
certifica	ding ph	ygiene	other
death	e aften	emtal H	ות, סו
hat the	by th	and M	ny Infi
puires t	signed	Health	DWS 3
law rec	as been	lept. of	23 sh
N: The	icate h	State D	Item
YSICIA	s certif	th the	1d, or
NG PH	fter thi	eath wi	marke
TTEND	TOR: A	after d	28 is
OR A	DIREC	hours	Hem
SPITAL	NERAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: H
THE HO	THE FU	led wit	ORTA
101	2	De fi	IM

	1 - FOR STATE OF MARYLAND	/ DEPART					IENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  BUTLER, NUBERT BOARM	MAN	I	正			MONTH	1 8		AR C	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 041 14 4043 1 2 F 81	YRS.		DAYS H	OURS .	MIN.	Sep'	t 27	1908C	onn	ACE (State or Foreign ecticut
FOR	9a. FACILITY NAME (If not institution, give street end number) Howard Co. General Hospita		96. CITY, T Col	umb		N OF DE	ATH		Howa		County
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland Howard	1001 011 1	TOWN OR							Dd. INSIDE CITY LIMITS?  YES 2 NO	
ERAL	100. STREET AND NUMBER 10213 Macgill Avenue				P CODE				U.S.		AT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 YES 2  3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		16 1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES X NO Specify:						RACE - Black, W	American indian, white, etc.
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)		ork done du retired.)	cupation uning most of working Clergy  inister Clergy							
17. FATHER'S NAME (First, Middle, Last) Albert Boarman Butler, II Alice A. Koch											
TO BE	190. INFORMANT'S NAME (Type/Print) Lois E. Butler	196. MAILING /							n. State, Zip Coo		21044
	1 Buriel 2 A Cremation 3 Removal from State 4 Donation 5 Other (Specify)	r place)	itan	Cr	ema	tor		Al	exand	ria	, VA.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Harold M. Duy	658	12	TA LLS	KOM SV	A F	J. X	RAL H	OME 2	FNO.	Canal Stud
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ENDHICA ISEQUENCE OF STRAY ( ISEQUENCE OF 20 H G 85	115000 115000 115000	1550 c	or dyn	ng, auci	a a card	fiac or resp	iratory afrest		Appreximate interval Between Onset and Death  30 Yihund  10 YRS  1 Hour
	PART II. Other eignificant conditions contributing to death but n	ot resulting in	n tha und	ieriying o	euse g	lven in	Part i.	24a. WAS AN PERFOR	RMED?	A	ZERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			28. PLAC	E OF O	EATH (Che	ick only o	ne)		1	TES 2 NO
HYSIC	EXAMINER?  1 ☐ YES 2 ☐ NO  1 ☐ Impattent 2 ☐ ER/Outpatter  27. MANNER OF DEATH  28e. DATE OF INJURY	28b, TIME		ng Home 28c. INJUR	Y AT	sidence			INJURY OCCUP	EO	
ВУ	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 5 Could not be building etc. (Specific)	t home, farm, s	М	WORK 1 YE		] NO			end Number or	Rural Rou	ite Number,
ETEC	4 Homicide determined buttering, etc. (speciny)							or Town, State			
COMPLETED	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MECICAL EXAMINER: On the basic of axamination end									euse(e) e	and manner as stated.
TO BE	Joseph W. Manaller, M.D.			*	-	272			29d. DATE S		Yorth, Day, Year)
F	30. WAIME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)								
	31. DATE FILED (Month, Day, Year)  MAY 1 1 9 0 32. REGISTRAR'S SIGNATUI	AE SO									

1203-3146

BALTIMORE, MAR

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be related to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	ERTIF	CATE OF		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATN			
	MARY L. BARNETT				05-07-9	-	м			
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. le  1 □ M 2 □ F  6.6	rst birthday)   YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Cou	TNPLACE (State or Foreign intry)			
	577-38-3376 1 M 2 RF 66  9e. FACILITY NAME (If not institution, give street and number)	THS.			08-30-2		ryland			
DIRECTOR	10101 Grovesnor Place, #21	3		r LOCATION OF DE	ATN	9c. COUNTY OF Mont	gomery			
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	ON			10d. INSIDE CITY			
DIR	Maryland Montgomery		Rock	ville			LIMITS?			
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA									
ER.	10101 Grovesnor Place, #21:	3		20	0852	US	A			
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 200 IF YES, GIVE WAR OR DATES		If yes, spe		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) :	Bio	ICE — American Indien, ack, White, etc. ecity: Black			
60	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ((	ECEDENT'S	USUAL OCCUPATIO	N at of working	16b. KIND OF BUS	INESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	a. Do NOT us	e retired.)	it or working						
MP	8th	Hous	sewife							
8	17. FATNER'S NAME (First, Middle, Last) Roger Curtis				ME (First, Middle, Maiden S					
BE					ces Vins					
10	George C. Barnett (Husband)	96. MAILING	ADDRESS (Street a	Number or Flural I	Route Number, City or Town	, State, Zip Code)	ville, MD			
		F OF DISPOS	BITION (Name of cen	VESIIOI	PI, #413	ATION City or	VIIIe, MD			
	1 Er Buriel 2 Crametion 3 Demonstram State Other	slace)					pring, MD			
	IL SIGNATURE OF FUNERAL SERVICE AICENSEE	- 01	22 NAME AN	O ADDRESS OF EA	CILITY					
	Snowden Funeral Home, P.A. Rockville, MD 20850									
CERTIFICATION	Approximate abook, or neert fellurs. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reauting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Approximate interval Between Onset and Death  Pulmonary Arrest  Due to (on as a consequence of):  Due to (on as a consequence of):  Due to (on as a consequence of):									
S	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
: MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1									
NA N	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpatient	3 DOA	OTHER: 4 Nursing Hom	• 5,f Residence	8 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATN  1 2 Natural 5 Pending (Month, Day, Year) 2 Accident	28b. TIM	IE OF 28c. INJ		28d. DESCRIBE NOW IF	JURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm,	street, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,			
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, one)  2 EXAMINER: On the best of examination end/or						e(s) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER 5/45	29d. DATE SIGN	ED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Туре	, Print)							
	Charles R. Boice, M.D. 103	215 1	Fernwoo	d Rd.,	Bethesda	, MD				
	31. DATE FILED (Month, Day, Year) MAY 1 1 '90  32. REGISTRAR'S SIGNATURE  Guidan Pandelle.									

DHMH-16 Rev 1/89

5	2	7
ped	pluc	9
etair	Sho	1
pe	ge 5	9
Tay.	r, pa	ts
9 6	ecto	Ē
Pag	ig di	9
ath.	nera	Ē
er de	he fe	ex
afte	by t	IIca
HOUNS	d'in	E E
24	fille not	he
thin	etely	Ę,
A p	dmo	64
ecute	nd co	tic
8	an a	E
te b	Sicia	ţ
iffica	Page 1	her
Les Les	ding	0
eath	atte	7, 0
the d	the	n.
hat 1	d by	my
res	igne	50
regui	ne H	hov
SW.	as be	23
The	ite h	E
IAN:	Tiffe?	Dr 16
YSIC	S Cel	ď,
PH	THE PERSON	arke
DING	Afte	E
TEN	DR:	80
R AT	RECT	E
0 7	100	ile ile
PITA	ERA	
50	E I	M
포	里	2
2	2	E E
	2	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

•	FOR 1 - STATE REGISTRAR	STATE OF MAR			_	EALTH AND DEATH	MEN	TAL HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest)	DORIS	MARI			YLE		ATE OF DEATH			. TIME OF DEATH
1	DOKIS	M. D6	4/6					ONTH SA	2	O O	13/PH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthda	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS.	7. D	ATE OF BIRTH Month, Day, Year)		6. BIRTHPL Country)	ACE-(State or Foreign
1	179-24-9528	1 🗌 M 2 🙀 F	77 YRS	YRS.				r.7, 191	.3	PA	
_	9a. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUN	ITY OF DEA	NTH
6	Suburban Hospital			Bet	h.				Mont.		
EC	10a, STATE 10b, COUNTY		10c.	10c. CITY, TOWN OR LOCATION						1	0d. INSIDE CITY LIMITS?
띰	MD Mont.			Chevy	Cha	se				1	YES 2 NO
AL	10e. STREET AND NUMBER		-		101.	ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
E	3416 Manor Rd.					20815				U.S.	
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV	VER IN U.S. ARMED YES 2 NO	1	f yes, spe	city Cuban, Maxic	an, Pu	RIGIN? (Specify Yea orto Rican, etc.)	or No-	14. RACE - Black,	– American Indian, White, etc.
名	3 🔀 Widowed 4 🗌 Divorced	OR DATES A	1	YES	2 NO Spec	lly:			Specify: Whi		
b	15. DECEDENT'S EDUC		16a. DECEDEN	T'S USUAL O	CCUPATIO	N .		16b. KIND OF BUS	INESS/IND		
COMPLETED BY PONERAL DIRECTOR	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	of work done of T use retired.)	ouring mo	st or working					
MPL		4_	Hou	sewife	2			At Home			
8	17. FATHER'S NAME (First, Middle, Last)							irst, Middle, Maiden S			
BE	John A. Nallin		T			Kathry	_		nahoe		
٩	Mary Juyce Murphy							Chase, N			
	20e. METHOD OF DISPOSITION		20b. PLACE OF DIS							City or Tow	n, State
	1 Buriel 2 December 3 Remo	wat from State	Mt. Comi	ort C	rema	torv		Ale	х.,	VA	
	4 □ Donation 5 □ Other (Specify) Mt. Comfort Crematory Alex., VA  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Joseph Gawler's Sons, Inc.										
	Bradley & Winebrenner 5130 WI Ave. NW Wash., DC 20016										
	23. PART I. Enter the diseases, or c										Approximate
	Onset and Det								Onset and Death		
	disease or condition resulting in death)  a. Untricular lachycular hour hour put to (or as a consequence of):  Oronary Urterior Level Heart Recent 10 years									1 hour	
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, DUE TO LOB AS A COMPROLENCE OF:										
ATI	if any, leading to immediate cause. Enter UNDERLYING										
임	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST	L									
	PART II. Other significant conditions	s contributing to de	eath but not resulti	ng in the u	ndertyln	g cause given i	n Part	i. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
CAL		ascula	1	-	Anne	old		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	2000000				- /-			1 1 123 2	M NO	- 1	OF DEATH?
PHYSICIAN: MEDI	-										
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF DEATH (	Check o	nly one)			
YSI	1 TYES 2 NO	1 ☐ Inpatient 2 □ E		A 4 Nu	rsing Hon	ne 5 🗆 Residence	_				
PH	27. MANNER OF DEATH  1 → Natural 5 → Pending	28a. DATE OF IN. (Month, Day,	JURY 28b. Year)	TIME OF INJURY	WC	DRK?	280	I. DESCRIBE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation	2 Accident Investigation				YES 2 NO	281	LOCATION (Street )	ATION (Street and Number or Rural Route Number,		
ED	3 Suicide 6 Could not be 4 Homicide determined	: (Specify)	,	tory, orne			City or Town, State)	and reambe		,	
LET	290. CERTIFIER . TX CERTIFYING PHYSIC	CIAN: To the heat of m	Immediates death or	curred at the	time date	and place, and d	un to ti	a causa(s) and mar	oner se etc	ted	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
	290. SIGNATURE AND TITLE OF CENTRER / 29d. DATE SIGNED (Month, Day, Year)										
BE	Mallace MO DW 11031 15-9-90										
2	30, MARIE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	// Joseph J. Wa			iver R	ld. I	Beth., M	D 2	20816			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN	S SIGNATURE	2-							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be such a within 72 hours after death with the State Deat, of Health and Mental Horiene prior to burial, certaillon, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
be re	Je 5	6 110
тау	or, pa	st b
ge 6	irecto	E
2	eral d	line
death	fune .	ехап
after	nova	cai
OURS	d in t	med
24 1	fille tion.	the
vittiv	rema	aut,
ted v	comp ial.	2
execu	and o	mati
e pe	rior t	trau
ificat	phy ane	her
L Cert	nding Hvai	0 10
death	e atte	Juy,
t the	M M	宣
s tha	Ted the	amy
quire	n sig	OWS
W re	s bee	3 8
The la	e has	ш 2
AN:	Inficat Sta	=======================================
VSICI	S cer	d, o
H S	er this	arke
NION	: After	. S.
ATTE	CTOR	28
S.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it has find within 22 hours after death with the State Dent, or Health and Mental Hondene prior to build: cremation, or removal.	Hem
PITAL	ERAL	1.1
HOS	FUN	IAN
出	THE	POR
2	22	₹ ₹

•	FOR STATE REGISTRAR	STATE OF MARYL			OF DEAT		MENTAL HYGIEN REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA	v	3. TIME OF DEATH	
Í	Rhoda May			Bowe	n		Ma¥ 1	_	1990 7:50 PM	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) YRS.	MONTHS D	EAR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	577-60-7142  9a. FACILITY NAME (If not institution, give str		35 YRS.	Oh CITY TO	WN OR LOCATI	ON OF DE		904	MARYLAND NTY OF DEATH	
o B	Physicians Me		retter		lata	ON OF DE	AIII	Charles		
5	RESIDENCE OF DECEDENT	MOTIUE HOS						0.1		
DIRECT	MARYLAND CHARL	EC		A N.C. D.C					10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	.E3	BKT	ANS RO	10f. ZIP COD	E		10g. CITI	1 YES 2 XXNO	
FUNERAL	RR 1, BOX 118-B				2061	6			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED		DECENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, atc.	
2	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 X NO			- 4	Specify: WHITE	
	15. DECEDENT'S EDUC		18a. DECEDENT'S	USUAL OCCU	IPATION		18b. KINO OF BUS	SINESS/IND		
H	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	ng most of workli	ng				
	8TH GRADE		CLE	RK			US GOV		ENT	
BERO	THOMAS F. DOWNS				ELL		ME (First, Middle, Maiden  MURPHY			
- 1	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S			Route Number, City or Tow		Code)	
2	MARY DOWNS		RR 1,	BOX 1	18-B.	BRYA	NS ROAD. M	ARYLA	AND 20616	
	20a. METHOD OF DISPOSITION  1 M Burtal 2 Cremation 3 Fema	ival from State	b. PLACE OF DISPO other place)			matory or			City or Town, State	
	4 Departion 5 Other (Specify)	ENSEE / /	I. LINCO	Y	ETERY ME AND ADDRE	SS OF FA	CILITY		DD. MARYLAND	
	THE HUNTT FUNERAL HOME, INC. P.O. BOX 156, WALDORF, MARYLAND 20604-0156									
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiag or respiratory arrest, Approximate									
	shock, or heart fellure. List only the cause on each line.  IMMEDIATE CAUSE (Fine)								interval Between Onset and Deeth	
	disease or condition resulting in death)	Shit	new	2 Je	W I	3	au.			
	2001 - 2 - C - C - C - C - C - C - C - C - C	DUE TO OR AS	A CONSEQUENCE O	10	DA	10	in sect	we	An) I man	
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate		A CONSEQUENCE O	F):	100	-			7,000	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury									
	thet initieted events resulting in death) LAST	DUE 10 (OR AS	A CONSEQUENCE O	<b>(F)</b> :						
5	DART II Oak as also life and as a dialog		had and assetted as						T	
CAL	PART ii. Other significent conditions	contributing to death	but not resulting	in the unde	riying ceuse	given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
÷ II							1 YES 2	KNO	OF DEATH?	
CIAN: MED										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF I	DEATH (Ch	eck only one)			
PHYSI	1 YES 20 NO 27. MANNER OF CEATH	Inpatient 2 - ER/Out		4 🗆 Nursin		asidence	8 Other (Specify) 28d. DESCRIBE HOW	N 11 11 11 00	Augen	
	1 Natural 5 Pending	(Month, Day, Year)		JURY	IC. INJURY AT WORK?	□ NO	280. DESCRIBE HOW	INJURY OC	CONED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spo	tY — At home, farm,	streat, factory	, offica		281. LOCATION (Street City or Town, State		r or Rural Route Number,	
ш	4 Homicide determined						ony or rown, order			
COMPLET	(Orlock Orly)	CIAN: To the best of my known								
S	2   MEDICAL EXAMINE	4	on and/or investigati	on, in my opir					he cause(a) and manner as stated.	
B.	296. MENTATURE AND TITLE OF CERTIFIER	N.K.	w		29c. LIC	ENSE NUI	MBER 24	29d. DAT	TE SIGNED (Month, Day, Year)	
2	30 NAME AND ADDRESS OF PERSON WHO	D COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	s, Print) T	embro	01- 9	Square #1	104	11110	
	George H. Wathe						h 301 Wal		f. Md. 20603	
Ť	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	111							
	15 30	guha Davis	doon-Randal	مالا						

\* X \* 100 A

TO PE OF	INCIDENTIFICATION IN THE INTERPRETATION OF T
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
28.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
le funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

LOCAL SECURITY PROPERTY AND A CONTROLLED FOR MEDICAL PROPERTY PROPERTY AND A CONTROLLED FOR MEDICAL PROPERTY	REGISTRAR  1. DECEDENT'S NAME (First, M	liddle, Last)	00.011	,		ICATE OF		2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DE	ATH
218-03-0450    The state of the	William	20-1	DAKTA	DIOL	2	,		5			90	055	5 m
IN COUNTY MANE (FOR ISSUED COUNTY  IN COUNTY MATE (FOR ISSUED COUNTY  IN STREET  IN STRE				6. AGE (In yrs.		MONTHS DAYS		(Mor	th, Day, Year)	1916	Country	y)	Foreign
THE STOCK TOP OF DECEDENT THE STATE THE SOUTH THE STATE THE STATE THE STATE THE SOUTH THE STATE						9b. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
MARY LAIN CARROLL SYKES VILLE  10 ST 22 NO 10 Washington Road  10 ST 27 Old Washington Road  11 MANY LAIN STATUS  12 Memory A December 1 Selected Free Not U.S. A. ARRED (17 Not 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			111111					Balt					
196. STREET AND NUMBER   5727 Old Washington Road   196. CETECHORY WASHINGTON ROAD   196. CETECHORY TO HERDANIC CONTINUTY   197. MASS DECEDENT FOR THE NUMBER   197. MASS DE			011		10c. CIT	1111					LIMITS?		
11. MANIFAL STATUS 12. Married 2 (2. Married 2) (2. Married 3) (2.		Washi	ngton 1	Road		10		1					
Section of Policy Special Contents of the Co	11. MARITAL STATUS 1 Never Married 2 XM		If yes, sp	pecify Cuben, Mexic	an, Puerto		Yes or No—	Black	, White, etc.				
Note:   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs   College (1-4 of 5)   Tyrs			ATION		DECEDENT'S	USUAL OCCUPATI	ION and of warding	16	b. KIND OF E	BUSINESS/IN	DUSTRY		
TREATMENT'S NAME (Proc. Modific, Lain)  Frank D. Bartholow  Tile, MRAINING ADDRESS (Sheet and Number or Plant Review Name (Proc. Modific, Lain)  Tile, MRAINING ADDRESS (Sheet and Number or Plant Review Name (Proc. Plant Sci. Modific, Maldon Sumanno)  STORY Old Washington Rd. Sykesville, Md. 21784  Tile, Sumanno and Control of Co	Elementary/Secondary (0-72) College (1-4 or 5+)												
Frank D. Bartholow  Georgetta Davis  196. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Dawn, State, Zip Cooks)  196. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Dawn, State, Zip Cooks)  206. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Town, State, Zip Cooks)  207. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Town, State, Zip Cooks)  208. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Town, State, Zip Cooks)  209. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Town, State, Zip Cooks)  209. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Town, State, Zip Cooks)  209. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Town, State, Zip Cooks)  210. MALING ADDRESS (Struct and Number or Partal Pouts Number, City or Town, State, Zip Cooks)  211. Maling Address or Complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  217. MALINE ADDRESS (Struct and Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Course of Ones and Death of Number of Partal Pouts Number or Partal Pouts Number or Course of Ones Number or Partal Pouts Number or Course of Ones Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Partal Pouts Number or Number or Partal Pouts Number or Partal Po	, , , , , ,	die, Last)	none		riech	ianic	18. MOTHER'S N	AME (First	Middle, Mald	en Surname)			
Source   State   Sta			nolow										
1 General 2 Cremation 3 Removal from State  4 Denation 5 Other (Spoot)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  BULL TILE FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Winfield, Maryland  21. 784  22. NAME AND ADDRESS OF FACILITY  Winfield, Maryland  21. 784  22. NAME AND ADDRESS OF FACILITY  Winfield, Maryland  21. 784  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onest and Death of Sequentially in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO			nolow									,Md.2	1.784
22. NAME AND ADDRESS OF FACILITY BUTTIET FUNDERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart felture. List only one ceuse on each line.  14. Approximate interval Between Chest and Death Due to (or As A consequence or):  15. Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  24. WAS AN AUTOPSY PERFORMENT PERFORMENT OF CAUSE OF DEATH (Check only only 1) yes 2 (Injury LAST) (Month, Day, Near)  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 (Month, Day, Near)  26. RETURNERY STATE OF INJURY AT WORKY 1 (Month, Day, Near)  26. CERTIFIER 1 (Check only only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at 2 (Last only 1) at	1 🖾 Burial 2 🗌 Cremation	3 🗆 Ramo	val from State	CE OF DISPOS Y place) CV1CW	SITION (Name of ca	ial Pai	ck					land	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease) or condition resulting in death)  a. ARDS ACONSEQUENCE OF:  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  JUE TO (OR AS A CONSEQUENCE OF)			22. NAME AND ADDRESS OF FACILITY										
Sequentielly list conditions.  Interval Between Consecution of Con	21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE	-	1	22. NAME A	NO ADDRESS OF F	ACILITY	- 1 11				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  NATURAL  28. DEACE OF INJURY  NORTHER:  1 VES 2 NO  27. MANNER OF DEATH  NATURAL  28. DEACE OF INJURY  NORTHER:  1 VES 2 NO  27. MANNER OF DEATH  NATURAL  28. DEACE OF INJURY  NORTHER:  1 VES 2 NO  28. DEACE OF INJURY AT  WORKY  NORTHER:  28. DEACE OF INJURY AT  WORKY  NORTHER:  28. DEACE OF INJURY OCCURED  D'I VET 1D auto/auto impact  28. DEACE OF INJURY AT  NORTHER:  28. DEACE OF INJURY AT  NORTHER:  28. DEACE OF INJURY AT  NORTHER:  28. DEACE OF INJURY AT  NORTHER:  28. DEACE OF INJURY OCCURED  D'I VET 1D auto/auto impact  28. DEACE OF INJURY AT  NORTHER:  28. DEACE OF INJURY AT  NORTHER:  1 VES 2 NO  28. DEACE OF INJURY OCCURED  D'I VET 1D auto/auto impact  28. DEACE OF INJURY AT  NORTHER:  10 YES 2 NO  28. DEACE OF INJURY OCCURED  NORTHER:  10 YES 2 NO  10 YES 2 NO  10 YES 2 NO  28. DEACE OF INJURY OCCURED  NORTHER:  10 YES 2 NO  10 YES 2 NO  10 YES 2 NO  10 YES 2 NO  10 YES 2 NO  10 YES 2 NO  10 YES 2 NO  10 YES 2 NO  10 YE	23. PART I. Enter the disshock, Dr hei	eeses, or co	omplications tha	t caused the	death. Do s	22. NAME A Bur Win	rier Fifield,	ner Mar	rdiec or res	spiratory a	rrest,	Approxi	Between
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  1 YES 2 NO  27. MANNER OF DEATH  1 NORTHER:  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. Manner OF DEATH  29. DATE OF INJURY  29. DATE OF	23. PART I. Enter the disabook, or her immediate CAUSE (Fine disease or condition resulting in death)  Sequentielly list conditio if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	eesses, pr co art feliure. L	omplications that list only one ceu	t caused the se on each (OR AS A CON	death. Do siline.	22. NAME A Bur Win not enter the more state of the state	rier Fifield,	ner Mar	rdiec or res	spiratory a	rrest,	Approxi	Betweer
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ENOutpetient 3 DOA 4   Muraing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH    Work?   Society   S	23. PART I. Enter the dissahock, or hei shock, or hei iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list conditio if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	eeses, or coart feliure. L	omplications that list only one ceu	t caused the see on each in the	death. Do siline.  SROUENCE O	22. NAME A BUR Win not enter the monotenter the mon	no ADDRESS OF FIRE TIET FIELD, ode of dying, su	Iner Mar ch as ca	PA	Ch S	rrest,	Approxi Interval Onset a	Betweer nd Deati
27. MANNER OF DEATH  28. DATE OF INJURY  28. DATE OF INJURY  3 Sulcide  4 Morning Home 5 Residence 6 Other (Specify)  28. DATE OF INJURY  4 NORK?  3 Sulcide  4 Mornicide  28. DATE OF INJURY  5 Pending Investigation  6 Could not be determined  28. PLACE OF INJURY — At home, farm, prest, factory, office  4 Mornicide  28. DATE OF INJURY  MORK?  MORK?  MORK?  MORK?  1 VES 2 NO  28. DATE OF INJURY  MORK?  MORK?  MORK?  MORK?  MORK?  LOCATION (Street and Number or Rural Route Number, Barm, prest, factory, office  Colly or Town State)  29. CERTIFEIER  (Check only One)  20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	23. PART I. Enter the disshock, or hei shock, or hei iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant	eeses, or coart feliure. L	omplications that list only one ceu	t caused the see on each in the	death. Do siline.  SROUENCE O	22. NAME A BUR Win not enter the monotenter the mon	no ADDRESS OF FIRE TIET FIELD, ode of dying, su	Iner Mar ch as ca	24a. WAS PERF	Ch S	rrest,	Approxi Interval Onset a Onset a  were Autors Analage & Pric OF DEATH?	Betweer nd Death Whithdras R TO F CAUSE
National 2   Accident   Sucided   Accident   Sucided   Accident   Sucided   Accident   Sucided   Accident   Accident   Sucided   Accident   Sucided   Accident   Ac	23. PART I. Enter the dissection of the shock, or her immediate CAUSE (Fine disease or condition resulting in death)  Sequentleily list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST  PART II. Other significant cause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST	esses, procurt feliure. L	omplications that ist only one cause of the	t caused the ise on each ise on each ise on each ise on each is (on as a con it (on as a con it (on as a con it on	death. Do sine.  SEQUENCE OF S	22. NAME A BUR Win not enter the more enter the enter the more enter th	rier Fifield, ode of dying, su	ner Mar	24e. WAS PERM 1 YES	Ch S	rrest,	Approxi Interval Onset a Onset a  were Autors Analage & Pric OF DEATH?	Betweend Death Thirdings R TO F CAUSE
4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  5 Could not be determined  6 Homicide  4 Homicide  4 Homicide  6 Could not be determined  Recally  Road  Recally  Recally  Recall Recally  Re	23. PART I. Enter the disabock, or hei iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list condition if any, leading to immediacuse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent in the condition of the condition	esses, procurt feliure. L	omplications that is only one caused in the case of th	t caused the ise on each ise on each ise on each ise on each is con (on as a con (on as a con death but no	death. Do sine.  S RO SEQUENCE OF SEQUENCE	22. NAME A BUT WIN TO THE R: 4   Number 1   Number 26. F	no ADDRESS OF FIET FIELD, ode of dying, su  FOR STATE OF DEATH (Comme 5   Residence	ner Mar ch as ca	24a. WAS PERF 1 VES	AN AUTOPSY ORMED? 2 M.N. RYPR	24b	Approxi Interval Onset a Onset a  were Autors Analage & Pric OF DEATH?	Betweer nd Death Whithdras R TO F CAUSE
(Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	23. PART I. Enter the disshock, or hei iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentieity list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significen  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	esses, or coart fellure. L	omplications that list only one ceu DUE TO D	t caused the ise on each ise on each ise on each ise on each is (OR AS A CON (OR AS A CON death but no each but no	death. Do sine.  SRD ISEQUENCE OF SEQUENCE	22. NAME A BUT WIN TO THE FIT A SHOP SHOP SHOP SHOP SHOP SHOP SHOP SHOP	no address of Frier File	ner Mar chas ca	24a. WAS PERF 1 VES VERTIFIC One) Ther (Specify) ESCRIBE HO'. VE' 1	AN AUTOPSY CORMEDY 2 DINO RECORD REPORT	24b	Approxi interval Onset a Onset a Name Autorian Anni Princi Completion of Or Death?	Betweer nd Death
	23. PART I. Enter the dissection of the dissecti	eeses, or control felture. Lines, etc. G. d. d. d. d. d. d. d. d. d. d. d. d. d.	omplications that ist only one ceut.  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	t caused the ise on each ise o	death. Do sine.  SROUENCE O  SEQUENCE O  SEQUENCE O  The sequence of the seque	22. NAME A BUT WIN IN IN IN IN IN IN IN IN IN IN IN IN I	no address of Frier Field, ode of dying, su  Field, ode of dying, su  Field, ode of dying, su  Field, ode of dying, su  Field, ode of dying, su  Field of ode of ode of ode of ode of ode of ode of ode of ode of ode of ode of ode of ode ode ode ode ode ode ode ode ode ode	n Part I.	24a. WAS PERF 1   YES  UERTIFIC  OTION  DOCATION (Street	AN AUTOPSY ORMED? 2 M.N WINJURY OR THE AUTOPSY WINJURY OR THE AUTOPS	24b	Approxi Interval Onset a Onset	Betweer nd Death Death The
8 6 11) 11	23. PART I. Enter the dissahock, or hei iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant initiated events resulting in death) LAST  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 YES 2 NO  27. MANNER OF DEATH  28. Accident 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	eeses, procent felfure. Line, etc. G. d. d. d. d. d. d. d. d. d. d. d. d. d.	omplications that list only one ceu.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A CONTRIBUTION TO THE PLANE TO THE DUE TO THE DUE TO TO THE DUE TO T	(OR AS A CON  (O	death. Do sine.  SROUENCE OF SEQUENCE OF S	22. NAME A BUT WIN IN THE INTERIOR STORY AND INTERIOR STORY A CONTROL OF THE INTERIOR STORY AND INTERIOR STO	ind address of Frier Filer filer, ode of dying, su code of dying, su code of dying, su code of dying, su code of dying, su code of dying, su code of dying, su code of dying and code of dying, su code of dying,	n Part I.  Theck only  28f. LC  Rt 66	24a. WAS PERFO	AN AUTOPSY ORMED? 2 M NO W INJURY OR D ATTOM W INJURY OR D ATTOM OUTTY MARKET AND A OUTTY MARKET AND A OUTTY MARKET AND A OUTTY MARKET AND A OUTTY MARKET AND A OUTTY	24b	WERE AUTORS AND AND AND AND AND AND AND AND AND AND	WHO Death To F CAUSE
DEVINUE TO WARM YIP	23. PART I. Enter the disschock, or her shock, or her immediate Cause (Fine disease or condition resulting in death)  Sequentielly list condition fany, leading to immediatuse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant part of the cause. Service of the caus	eeses, or coart felture. Li	DUE TO DU	(OR AS A CON  (O	death. Do sine.  SROUENCE OF SEQUENCE OF S	22. NAME A BUT WIN IN THE INTERIOR STORY AND INTERIOR STORY A CONTROL OF THE INTERIOR STORY AND INTERIOR STO	no ADDRESS OF FIET FIELD, ode of dying, su  FIED V  ODE OF DEATH (Comme 5 Residence JURY AT ORKY YES 2 NO ice	n Part I.  Check only  28f. LC  Rt Collins  28f. LC	24a. WAS PERFO	AN AUTOPSY ORMED? 2 ANO W INJURY OR AUTOPS W INJURY	CCURED O/ aut	Approxi interval Onset a Onset a Onset a Onset a Approxi interval Onset a Approximation of Death?  1 Yes 2 To imparation of Death?  1 Yes 2 To imparation of Death?	Betweer and Death Windings R TO F CAUSE KNO CT CTOS

10801

9

1426-

br

ID 21203-3146

胀	38	an.	œ.
A	罐	B "	ill.
È	10	un.	Du
117	8	8	죮
H	E	N.	Ħ
0	9 10	136	E
2	æ	10	ner
	1	iller iller	E
BALTIMORE, MARY	0	27	-
	fi.	A III	ê
	ğ,	5 6	Ē
	24	製品	ä
_	thic	rtely	7.
6,	Wil	cre	ver
114	uted	oco l	9 3
<del>(1)</del>	өхө	and o	шat
×	2	iclan	136
BC	icate	physical principles	er t
ď	ertif	ing j	é
0.0	th c	tend I Hy	0
	dea	e at	un',
DS	t the	nd A	in in
H	tha	th a	any
$\ddot{\circ}$	uires	Sign	*
W	regi	of	sho
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 jillary be refered	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fleed in by the binerial director, gave is seen to fleed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or amount	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be nothing.
Z	The	ate L	ЕШ
5	AN	tifica e St	Jr II
L	SICI	th th	d, a
0	F	this with	rrke
Z	ING	After	E
5	END	R. /	100
118	ATT	ECTO s aft	1 28
=	OR	DIRE	tem
	TAL	NA Z	=
	SPI	NEF	H
	E HC	F FU	HTA
	E	王是	20
	2	2 3	X

6

ľ	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAN	ID / DEPAR					MEN	ITAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)									ATE OF DEATH			3. TIME OF DEATH	
	THOMAS Hay	70.5	BROW	N, Sr.					M	)5	3 1	990	2244 PM	
	4. SOCIAL SECURITY NUMBER			7 01.					-	-	<u> </u>			
1		5. SEX	6. AGE (In )	rs. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	(1	Month, Day, Year)	BIRTHPLACE (State or Foreign Country)			
	236 28 0178	1 X M 2 🗆 F		65 YRS.			1100110		7-17-1924   Maryland				cyland	
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	H LOCATI	ON OF DE				UNTY OF D	TY OF DEATH	
Œ	Momorial Hospital					1BERI	ANID				Δı	LEGAN	IV	
일	Memorial Hospit	<u>aı</u>			001	IDLIN	-AIND		_		\rac{1}{2}	LLUA	11	
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY		
E	Marria and Allemans											LIMITS?		
	Maryland Allegany Cumberland  100. STREET AND NUMBER 100. STREET AND NUMBER										1)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
₹	10e. STREET AND NUMBER					101	. ZIP COD	Е			10g. CI	TIZEN OF W	VHAT COUNTRY?	
	182 North Cent	re Stre	et				215	02				US	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	S. ARMED						RIGIN? (Specify Ye	e or No-	14. RACE	— American Indien,	
	1 Never Merried XX Merried	FORCES? 1					2 X NO			erto Rican, etc.)		Speci	h·	
B	3 Widowed 4 Divorced	WW I		_		. []	- Ly	opou.,	, .				" Black	
Ω	15. DECEDENT'S EDUC	ATION		Sa. DECEDENT'S	USUAL O	CCUPATIO	ON		1	16b. KIND OF BU	JSINESS/IN	OUSTRY		
# 1	(Specify only highest grade	completed)		(Give kind of Ille. Do NOT u	work done	during mo	at of worki	ng	- 1					
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5							- 1	D = 1 = 1				
COMPLETED	12			Painte	er					Paint				
Į į	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (F	First, Middle, Melde	n Surname)			
	John Brown						Vi	rgin	nia	a Unk	cnow	n		
器	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a				Number, City or To	wn, State, Z	(ip Code)		
2		200								umberla			21502	
700	Wife-Pearl Brow	П							Ct					
	20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other piece)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State													
	4th Doneston 5 to Other (Specify)   Rocky Gap Vet. Cemetery   Cumberland, Md. 21502													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								1+imore Av					
								o Da	TCIMOTE IN					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failure. List only one cause on each line.  Approximate interval Between													
	Onset and Death													
	disease or condition DMRI) MMN A DLUNG													
	reaulting in death)	DUE TO	(OR AS A C	ONSEQUENCE C	NF):									
_	_	~	1,20	OT	40	111	7/	19	L	(2) L	01	10	.	
6	Sequentially list conditions,	DUE TO	LOB AS A C	ONSEQUENCE O	10.	70	,, ,	-/						
E	if any, leading to immediate cause. Enter UNDERLYING		(0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1											
2	CAUSE (Disease or Injury	C											<u> </u>	
#	that initiated events	DUE 10	(OH AS A C	ONSEQUENCE O	PF):									
CERTIFICATION	reaulting in death) LAST	d												
- 1	PART ii. Other algnificant condition	e contributing to	dooth her	not moulting	in the u	nderhila	0.00000	ahma in	Dort	i. 24a, WAS A	N ALITYORES	v   226	. WERE AUTOPSY FINDINGS	
AL		a contributing to	death but	not resulting	mi the u	поепуп	g cause	given in	Part	00000	PRMED?	240	AVAILABLE PRIOR TO	
8	COPD	_								1 TYES	2 110		OF DEATH?	
MEDICA	PREVIO	US E	3-70	HA	130	SE						- 1	1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (C)	heck o	nfv one)				
길	EXAMINER?	HOSPITAL:			OTHE	R:								
ΥS		1 Inpatient 2				_		esidence	7	Other (Specify)				
표	27. MANNER OF DEATH	28a, DATE Of (Month, i	Day, Year)	26b. TH	WE OF	W	JURY AT DRK?		280	I. DEŞCRIBE HOW	INJURY O	CCURED		
ВУ	1/ Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2	NO	L					
	3 Suicide 6 Could not be			At home, farm,	street, fac	ctory, offic	ffice 261. LOCATION (Street and Number or Rural Route Number,							
回	building, etc. (Specify)  City or Town, State)													
Ш	29a. CERTIFIER  1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se attited.													
₹	(Check only	_												
COMPLETED	2 MEDICAL EXAMINE	H: On the basis of	examination a	ind/or investigat	ion, in my	opinion,	south occu	red at the	e time.	, data end place,	end due to	the ceuse(	a) end manner se stated.	
Ш	290. SIGNATURE AND TITLE OF CERTIFIE	A /	)				29c. LK	ENSE NU	MBER	7.7	29d. D	ATE SIGNED	(Month, Day, Year)	
8	non	nll	~				1/1	101	76	d	<b>▶</b> €	5/11	41/90 -	

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Raver Memorial Hospital, Cumberland, Md. 21502

FOR

YLAND 21203-3146

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	SIAIL OF IM	MILLEN	CERTIF				TH	ICH IAL	REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)  John Carroll	Beale		1					2. DATE O	OF DEATH DA	ď	50"	3. TIME OF	DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in y	rs. last birthdey)	_IF UNDER			R 24 HRS.	7. 5 4	29/08	6.	BIRTHP Country)	LACE (State	e or Fon	eign
	213-01-8177	1 🔯 M 2 🗆 F	8	2 YRS.	MONTHS	DAYS	HOURS	MIN.		05 05	. Wa		ingt	on	D
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN C	OR LOCAT	ION OF DEA			9c. COUNTY				
E O	Memorial Hosp:	ital			E	ast	on				Tal	bot	:		
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			100 00	Y, TOWN (	DI LOCAT	TION				10d, INSIDE CITY				
DIRECTOR							ION						LIMITS	37	
	Maryland Tal	JOU		Ea	ston		. ZIP COD	)F			10g. CITIZEI	_	1 X YES		
FUNERAL											USA				
N.	11. MARITAL STATUS	EVER IN U	S. ARMED	13.	WAS DEC			C ORIGIN?	(Specify Yea		RACE	— America	in India:	n,	
F	1 Never Married 2 Married	YES			If yes, sp	ecify Cubi	an, Maxican Specify:	, Puerto R			Black, Specify	White, atc.			
BY	3 X Widowed 4 Divorced						- (2)	оросту.					ite		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16	Sa. DECEDENT'S	work done	CCUPATIO	ON ast of world	ing	16b.	KIND OF BUS	INESS/INDUS	TRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+	)	ille. Do NOT u	se retired.)										
MP	12			sal	esma	n					uor				
8	17. FATHER'S NAME (First, Middle, Last)									liddle, Maiden	Sumame)				
<b>BE</b>	Carroll Beale  19a. INFORMANT'S NAME (Type/Print)			405 MARIAN	ADDRES	C /Ctmat a		ay W		or, City or Town	State 7to Co	nela)			
2	Walter W. Clag	co++				•				on MD					
	20a. METHOD OF DISPOSITION	gett	20b. P	LACE OF DISPO					asco		CATION Cit		n. Stata	_	
	1 Burial 2 Cremation 3 Ramo	wal from Stata	0	stern					riu		orget			1	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 1 20	BCCIII	22.	NAME A	ND ADDR	ESS OF FAC	ILITY	-	orge	LO VV			
	M. E. Deergoe GF3P Newnam Funeral Home Easton, Maryland														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.														
	Onset and Dea														
	resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):														
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)  END STAGE LIVER DISEASE  BUT TO (OR AS A CONSEQUENCE OF):  ALCOHOUS M LANNEC'S CIRRHOSIS														
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate														
S	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	h											-		
TF	that initiated events	DUE TO	(OR AS A C	ONSEOUENCE (	OF):								i		
H	resulting in death) LAST														
DICAL (	PART II, Other algnificant condition	a contributing to	death but	not resulting	in the u	ndertyln	g Cause	given in i	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTO	PRIOR 1	то
DIC	NOTE COVAL	- 17110	11/5	11110	Oic	· 437			_	1   YES 2	NO NO	1	OF DEATH?		AUSE
: ME	CHRONIC OB	. a Rua	IVE	LUNG		754	25		-	•			1 TYES	2 🗌 N	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	OEATH (Che	ck only on	e)					_
SIC	EXAMINER?	HOSPITAL:	ER/Outpat	ent 3 🗆 DOA	OTHE 4 Nu	R:		Rasidenca (							
HX	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. Ti	ME OF	26c. IN.	JURY AT	T		CRIBE HOW I	NJURY OCCU	REO			
ВУ Р	1 Natural 5 Pending	(Month, D	ey, rear)	"	JURY M		YES 2	□ NO							
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY -	At home, ferm,	street, fac	tory, offic	ce			ATION (Street I		Rural R	oute Numbe	BK,	
COMPLETED	4 Homicide detarmined		,,						/	,					
PLE	Check brilly	CIAN: To the best of	my knowled	ige, death occur	red at the	time, data	and place	e, and dua	to the cau	se(a) and mar	nner as stated	1.			
O	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
ш	296. SIGNAPURE AND TITLE OF CENTIFIER	1					-	CENSE NUM	-		29d. DATE			y, Ybar)	
m	V 1 Daile	M(I)						200	7		1	1/1	190		

CTATE OF MADY AND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO			26. PLACE OF OEATH (Check only one)							
		HOSPITAL: 1 Inpatient 2 ER/Outpatient		HER: Nursing Home 5 - Rasidenca	6 Other (Specify)					
27. MANNER OF DEATH  1 Netural 5 2 Accident		28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUREO					
3 Suicide 6	Could not be	28e. PLACE OF INJURY — At It building, etc. (Specify)	nome, farm, street,	factory, office	26f. LOCATION (Street and Number or Flural Route Number, City or Town, State)					

96. SIGNAPURE AND TITLE OF CERTIFIER  KLOWE MO	29c. LICENSE NUMBER	29d. DATE SIGNED (Mgnth, Day, Year)  5/10/90

AME	MO ADDRES	OF PERSON I	WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	int)		_ 1	4.4
_	1/01/	) -	OUNTER	NO	606 Dota uso	1/5 /ANK	Stone	MOZILA
	KEVII	0 7,	O'IL-BIB'	14,12.	COD DOG CON	-7 KAR	BAT LON	

31. DATE FILED (Month, Day, Year)
MAY 1 1 32. REGISTRAR'S SIGNATURE '90 what Reiden Gandall. 0.00

ř	E	£	5
ì	8	2	Ħ
	90	Pin Pin	Pe
ζ	rtain	Sho	E
	9	5	ĕ
î	ay b	pag	ă
בליו וועדי לוחסודו וועדי	3	Ď,	15
2	96	Frec	E
	2	100	=
1	ath	all l	E
Š	20	E 2	8
	affe	JOE TO	Ca
١	SIN	E .	Ped
	J. I	n, o	9
	Z.	atio atio	=
6	Mithi	plete	ent
ř	ba	mo, le	\$
5	ecut	nd c	atic
_	8	E 2	Ĕ
5	e D	Sicia	Ē
Ó	ficat	中	je.
Ś	Serti	E SE	8
	₩.	al H	9
-	8	Ae a	3
š	=	D T	=
É	#	ed t	any
נ נ	ires	sign	2
Ú	redu	of Jo	P C
	MB.	ept.	23
DIVISION OF VITAL RECORDS, 7.0. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Deot, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
Ĩ		ficat	5
>	ICIA	the	0
,	H-S	Nis (	8
-	9	Ta E	Tar
5	O.	Aft	-
n	TEN	TOR.	28
>	AA	REC	E
ב	0	100	=
	MA	B C	-
	SO	N.	N
	A H	新る	E
	T C	中間	¥
	F	F 2	=

10

	1 - STATE REGISTRAR	STATE OF I	CE	RTIFICA	TE OF I	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
- 8	Joseph	С	Bantum				May 06	19	7:00Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)		SIRTHPLACE (State or Foreign
- 2	215-20-1419	1 1 7 F	84	YRS. MONTH	HS DAYS	HOURS MIN.	6 3 19	105	Pg,
	9e. FACILITY NAME (If not institution, give str Memorial Hos	pital		9b. C	East	LOCATION OF DE		9c. COUNTY	OF DEATH
CIOH		pricar			Lasi	LOII		lai	DOC
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OB LOCATION  10d. INSIDE CITY								
DIRE	ms J	Port		8.00	sten				LIMITS?
	10e. STREET AND NUMBER	1		1	101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
H	25 South	ann	מדמו	et	1	1601		21	89
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. ARI				HC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Culput, Maxican, Puarto Rican, etc.)  3 Widowed 4 Divorced  FORCES? 1 YES 2 NO If yes, specify Culput, Maxican, Puarto Rican, etc.)  1 YES 2 NO Specify:								agocky b
9	15. DECEDENT'S EDUCATION 15a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							stack	
Ą	(Specify only highest grade	completed)	(Gi	ive kind of work do  Do NOT use retire	one durina most	of working	168. KIND OF BU	A #	ni
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Bu	une	2	unh	Into	71.
00	17. FATHER'S NAME (First, Middles Last)  18. MOTHER'S NAME (First, Middles Surname)								
-	Lemmy Bantuno Carrie Brown Bantiero								unc
) BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								10)
2	Grace anderson Bantum 22 South aurma St Easton, 2nd . 2/601								
Ŋ	20a, METHOD OF DISPOSITION  20b, PLACE OF DISPOSITION (Name of cemetery, crametory or 1 20c, LOCATION - City or Town, State								
	4 Donation 5 Other (Specify)		- nuc	hords	ma	Emore	el 20	slow	, md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11.	1	22. NAME ANI	D ADDRESS OF FA	7/	1	1
	Dennie	Smu	th		P. O.	0049-	28 HM	rlack	E. md
									Approximata interval Batween
ı	IMMEDIATE CAUSE (Finel disease or condition resulting in death)								Onset and Death
	disease or condition resulting in death)	a. 1 A	アイベ・マイ	2' 2	)	15 2AS	3 3		10765
	•	DUE TO	O (OR AS A CONSEC	QUENCE OF):					
N O	Sequentially list conditions,	b	O (OR AS A CONSEC	DUENCE OF:					
ATION	if any, leading to immediate cause. Enter UNDERLYING		O (OR AS A CONSEC	OUENCE OF):		_			
FICATION	if any, leading to immediate cause. Enter UNDERLYING	с	O (OR AS A CONSEC						
HILLEATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с				-			
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	O (OR AS A CONSEC	OUENCE OF):	underlying	cause given in	Part I. 24a, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO	O (OR AS A CONSEC	OUENCE OF):	a underlying	cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	O (OR AS A CONSEC	OUENCE OF):	n underlying	cause given in		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SAL CA	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	O (OR AS A CONSEC	OUENCE OF):	n underlying	cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
SAL CA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	cDUE TO	O (OR AS A CONSEC	OUENCE OF):		Cause given in	PERFO:	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SAL CA	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition	d. DUE TO	O (OR AS A CONSEC	OUENCE OF):	28. PL/ HER:	ACE OF DEATH (C/	PERFO:	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. DUE TO	O (OR AS A CONSECTION OF INJURY	OUENCE OF):	2S. PL: HER: Nursing Home 28c. INJU	ACE OF DEATH (C/	PERFO  1 YES :	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES	d. DUE TO	O (OR AS A CONSEC	DUENCE OF):	2S. PL/ HER: Nursing Home	ACE OF DEATH (C/	PERFOI  1 YES:  neck only one)  S Other (Specify)	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	d. DUE TO  d. HOSPITAL: 1 Dispetient 2 28e. DATE C (Month,	O (OR AS A CONSECTION OF INJURY	DUENCE OF):  requiting in the	29, PLI HER: Nursing Home 28c. INJL WOR 1 U Y	ACE OF DEATH (CI	PERFOI  1 YES:  neck only one)  S Other (Specify)	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d. DUE TO  d. HOSPITAL: 1 Dispetient 2 28e. DATE C (Month,	O (OR AS A CONSECTION OF INJURY Day, Year)	DUENCE OF):  requiting in the	29, PLI HER: Nursing Home 28c. INJL WOR 1 U Y	ACE OF DEATH (CI	PERFOI  1 YES:  neck only one)  S Other (Specify)  28d. DESCRIBE HOW	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident   Investigation of the dearmined of the dearmined of the condition of the dearmined of the condition of the dearmined of the condition of the dearmined of the condition of the dearmined of the condition of the dearmined of the condition of the dearmined of the condition of the dearmined of the condition of the co	HOSPITAL: 1 Pipetiant 2 28a. DATE ( Month,	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF):  resulting in the  DOA 4 1  28b. TIME OF INJURY	2S. PL. HER: Nursing Home 28c. INJI WOT 1  Y , factory, office	ACE OF DEATH (C/	PERFOI  1 YES:  neck only one)  S Other (Specify)  28d. DESCRIBE HOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Propertient 2 28a. DATE C (Month, 28a. PLACE building	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF):  resulting in the  DOA 4 1  28b. TIME OF INJURY  DOME, farm, street,	2S. PL. HER: Nursing Home 28c. INJU WO' 1	ACE OF DEATH (C/	PERFO  1 YES:  beck only one)  S Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  to the cause(a) and ma	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  d.  HOSPITAL: 1 Inpetient 2  28a. DATE C (Month, 28a. PLACE building	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF):  resulting in the  DOA 4 1  28b. TIME OF INJURY  DOME, farm, street,	2S. PL. HER: Nursing Home 28c. INJU WO' 1	ACE OF DEATH (C/	PERFO  1 YES:  1 YES:  1 YES:  28d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. LOCATION (Street City or Town, State  to the cause(a) and ma  time, data and place, a	and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,  ause(a) and manner se stated.  IGNED (Month, Dey, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO d.  HOSPITAL: 1   Dispetient 2  28e. DATE C (Month, 28e. PLACE building ICIAN: To the best of	O (OR AS A CONSECTION OF INJURY — At hog, etc. (Specify)  of my knowledge, def examination and/or	DUENCE OF):  resulting in the  DOA 4	2S. PL. HER: Nursing Hom 26c. INJU WO' 1	ACE OF DEATH (C/	PERFO  1 YES:  theck only one)  S Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  to the cause(a) and main time, data and place, a	and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,  ause(a) and manner se stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO d.  HOSPITAL: 1   Dispetient 2  28e. DATE C (Month, 28e. PLACE building ICIAN: To the best of	O (OR AS A CONSECTION OF INJURY — At hog, etc. (Specify)  of my knowledge, def examination and/or	DUENCE OF):  resulting in the  DOA 4	2S. PL. HER: Nursing Hom 26c. INJU WO' 1	ACE OF DEATH (C/	PERFO  1 YES:  1 YES:  1 YES:  28d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. LOCATION (Street City or Town, State  to the cause(a) and ma  time, data and place, a	and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,  ause(a) and manner se stated.  IGNED (Month, Dey, Year)
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Pippetient 2 28a. DATE C (Month, 28a. PLACE building	O (OR AS A CONSECTION OF INJURY — At hog, etc. (Specify)  of my knowledge, def examination and/or	DUENCE OF):  resulting in the  DOA 4	2S. PL. HER: Nursing Hom 26c. INJU WO' 1	ACE OF DEATH (C/	PERFO  1 YES:  1 YES:  1 YES:  28d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. LOCATION (Street City or Town, State  to the cause(a) and ma  time, data and place, a	and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,  ause(a) and manner se stated.  IGNED (Month, Dey, Year)

pital or attending physician. D 21203-3146

/ 1 1 '90	32. REGISTRAR'S SIGNATURE

	REG. NO.
	1. DECEOENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
i	Helen Montague BRYAN MAY 09,1990 4:44A
ĺ	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign
i	578-24-0942   1   M 2   MF   85   YRS.   MONTHS   DAYS   HOURS   MIN.   10 26 04   Maryland
ı	Se. FACILITY NAME (If not institution, the street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
۳	AMI DOCTORS' HOSPITAL OF P.G. COUNTY LANHAM PRINCE GEORGE'S
5	RESIDENCE OF DECEDENT
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
ā	Maryland Prince Georges Greenbelt 1√2 YES 2 □ NO
₹	109. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
FUNERAL	22 Ridge Road-Apt 112 20770 USA
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Headed FORCES? 1 YES 2 NO Headed Black, White, etc. Black, White, etc.
8Y	IF YES, QIVE WAR OR DATES 1 YES 2 NO Specify: Specify:
	15. OECEOENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
1	(Specify only highest grade completed) (Give kind of work done during most of working
21	Elementary/Secondery (0-12) College (1-4 or 5+) Salesperson
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Meiden Surneme)
ö	Otto Montague Louise Engle
BE	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	Weldon B. Wyne 5006 Erie St. College Park, MD 20740
	20s. METHOD OF DISPOSITION 5/12/90 1 St Burlel 2 Cremetion 3 Removat from State  4 Donetion 5 Dother (Specify) Oxford Cemetery  20s. LOCATION - City or Town, State  Oxford Cemetery  Oxford, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Newnam Funeral Home
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate
- 1	shock, or heart feliure. List only one cause on each line.
	IMMEDIATE CAUSE (Fine) disease or condition  Onset and Death
ļ	resulting in death)
	The A Consequence of the service of
CERTIFICATION	Sequentielly list conditions, Due to for as a consequence of
A	if any, leeding to immediate cause. Enter UNDERLYING
유	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
E	resulting in deeth) LAST
DICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying couse given in Pert i. 24a. WAS AN AUTOPSY FINDINGS ANAILABLE PRIOR TO
8	1 TYES 2 NO COMPLETION DF CAUSE DF DEATH?
ME	1 YES 2 NO
Z	
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:
YS	1 YES 2 NO 1 Note in the control of
	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  1 N Netural 5 Pending  28s. DATE OF INJURY (Month, Day, Year)  1 Yes 2 NO
BY	2 Accident Investigation
8	3 Suicide S Could not be 4 Homicide determined 28. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Hural House Number, City or Town, State)
	29e. CERTFIER
COMPLETED	(Check only 1 Check not 2 Check only 1 Check
00	2   MEDICAL EXAMINER: On the basie of exemination end/of investigation, in my opinion, death occurse at the time, date end piece, end due to the cause(e) end menner se stated.
BE	290 LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)
2	AND ADDRESS OF RESCON WAS CAUSE OF A STATE OF THE STATE O
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	MAY I 1'90 Inlie Deviden Translate
	A THE PARTY OF THE

BALTIMORE, MARYLAND 21203-3146	fined by the hospital or attending physiciam.	lould be detached for use as the burial-transit permit. Pages 1, 2, 3 mount	fed at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer permit. Progress filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	INDODITANT IS term 28 to marked or them 23 chows any latery or other traumatic event, the medical examiner must be notified at once

	1 - FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								412					
	1. DECEDENT'S NAME (First,	Middle, Last)									DATE OF	DEATN		YEAR	3. TIME OF D	EATH
			Jane		R.	•	Bra	nd	t		5 5		2	90	7:09	DM
1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (I	n yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		ATE OF I			8. BIRTH Count	PLACE (State of	r Foreign
1)	032-16-83	320	1 M 2X F	69	9	YRS.	MONTHS	DAYS	HOURS MIN.	10					" sachu	setts
HO HO	9a. FACILITY NAME (If not institution, give street and number) Memorial Hospital						9ь. сіту, т Eas	to:	DR LOCATION OF DE	EATN			9c. COU	NTY OF D	EATN	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	,		-	100 017	Y, TOWN OR	LOCAT	TON						10d. INSIDE C	itv
1 1 1	(41), Line 1001														LIMITS?	
	100. STREET AND NUMBER	Maryland Talbot					oyal		ZIP CODE				10a CIT	ZEN OF V	WHAT COUNTR	
FUNERAL	Rt. 1 Box	2 14A						1	21662					J.S.		
E E	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARI	MED	13. W	S DEC	ENDENT OF NISPAI	NIC OI	RIGIN? (S	pecify Yes		14. RAC	E — American i	ndlen.
	1 Never Merried 2	Merried	FORCES? 1	X YES	2 N		11.3	/es, sp	ecity Cuben, Mexica 2 NO Specifi	in, Pu				Blac Spec	k, White, atc.	
B	3 Widowed 4 XDIvo	read	11 120, 0112	an on br			1 .,	_ ,	z LXIIIO opecii	<i>y</i> .			- 1		ite	:
0	15. DEC	EDENT'S EDU highest grade	CATION completed)		16a. DE0	CEDENT'S	USUAL OCC	UPATIO	ON st of working		16b. KIN	ID OF BUS	SINESS/INC	DUSTRY		
	Elementary/Secondary (0		College (1-4 or 5	+)	life.	Do NOT u	se retired.)									
M M	12		3		re	egis	tere	<u>d</u> 1	nurse		m	edi	cal			
COMPLET	17. FATHER'S NAME (First, M.								18. MOTHER'S NA							
BE	Ralph Art		Rathbur	n					Evely	(i) (i)						
2	190. INFORMANT'S NAME (7)								and Number or Rural			,	n, Statu, Zip	Code)		
-	Jill B. I		- 1 / 0 0						Jacks	on	, T	_		301		
	20e. METHOD OF DISPOSITI		14/90 oval from State		other pla	ice)	,		metery, cremetory or Cremato	ri	11100		CATION —			
	21, SIGNATURE OF FUNERAL		CENSEE	_   1110	15	-111			ND ADDRESS OF FA			Ge	orge	LOW	II, DE	
							N	ewi	nam Fun	er	al	Hom	е			
				RC					ton, MD							
											imata I Batween and Déath					
	disease or condition resulting in death)	<b>→</b>	10/	eru	we	er	reep	lu	letus						5	0
			DUE TO	(OR AS A	CONSEC	DUENCE C	F): /									
Z	Sequentielly list conditi		b		M	144	run								1	
CERTIFICATION	If sny, leading to imme	diste	DUE TO	(OR AS A	CONSEC	DUENCE C	F):									
<u>3</u>	cause, Entar UNDERLY CAUSE (Disease or Inju		C	10D 40 4	0011050	WIENOE O									-	
E	thet initiated events resulting in death) LAS	T .	OUE TO	(OR AS A	COMSEC	JUENCE C	<del>* )</del> :									
<u> </u>			d													
AL C	PART II. Other significa	nt condition	ne contributing to	death be	ut not n	eeuiting	in the und	erlyin	g cause given in	Part	l. 24		AUTOPSY	240	. WERE AUTOPS	
2											1	PERFOR	NO		AVAILABLE PR COMPLETION OF DEATH?	
MEDIC											1					NO
	i i														_ /	1
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL						26. PI	LACE OF DEATH (C)	neck o	nly one)					
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	atlent 3	□ DOA	OTHER:		ne 6 🗆 Residence	6 🗆	Other (S	pecify)				
Ť	27, MANNER OF DEATN	50	26e. DATE Of	Pay, Year)		28b. TII	ME OF 2	8c. INJ	JURY AT	280	. DESCR	BE HOW	NJURY OC	CURED		
BY F		Pending Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			M	1 🗆								
	III a C a							Route Number,								
		-														
COMPLETED	CONSCIN OTHY		ICIAN: To the best o													
8			ER: On the basie of	, AMPRICATION		veaugati	он, иг ту ор					, piece, er		- 1		
B	29b. SIGNATURE AND TITLE	OF CENTIFIE	Royal		1	L	W)		29c. LICENSE NU	MBER	7/1		29d. DAT	E SIGNE	Month, Day,	bar)
2	30. NAME AND ADDRESS O	F PERRON WA	O COMPLETED CAL	ISE OF DE	ATH (ITE	M 27) /3~	e Print)		110	8	113			-/1	7/70	
	JU. HAME AND ADDRESS D	Tenoun W	1000 V	Se of Je	)	M ZII (IV)	riin)	1	FART	1	1	1./			1101	



31. DATE FILED (Month, Day, Year)
MAY 1 4 90

32. REGISTRAR'S SIGNATURE

should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should

atified at once.

i	89	93	a
	ter d	the f	al e
	rs af	rem re	dle
	hou	ed i	Ē
	n 24	ly fill ation	the
	Mithi	plete	ent,
	ted	ial.	è
2	прах	and	nath
	pe e	cian or to	une
)	cate	ohysi e pn	er ti
	ertifi	ing i	흠
í	ath c	al Hy	10
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam
	at th	and	y In
5	ss th	alth	3
)	quire	in Sig	NOW
	W FE	pt. o	3 \$1
1	he la	has e De	ш 2
	FIN	State	Iter
	SICIA	the	, 07
5	3HYS	this with	ked
	NG	fter	mar
2	END	R: A	60
2	AT	S aft	1 28
-	8	DIR	Hen
	TAL	PA S	$\equiv$
	100	Vithin	AN
	뽀	出り	ORT
	101	De fil	MP

STATE OF MARYLAND	/ DEPARTMENT O	F HEALTH AND	<b>MENTAL</b>	HYGIENE
C	ERTIFICATE (	OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF H		MENTAL HYGIEN	E	
,	OECEDENT'S NAME (First, Middle, Last)  Geol	rge Fi	rederick	Button		2. DATE OF DEATH MONTH DO		3. TIME OF DEATH 1230 M
1	4. SOCIAL SECURITY NUMBER  118 12 6020  9a. FACILITY NAME (If not institution, give str	1 🔯 M 2 🗆 F	GE (In yrs. lest birthdey) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) March 15,	1920 8. E	SHRTHPLACE (State or Foreign country) NEW YOLK
08 8	Calvert Memorial				ce Frede:			Calvert
DIRECTOR	10a. STATE 10b. COUNTY Maryland Calver	c+		rt Repub				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		. 1		ZIP CODE		10g. CITIZEN	1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?
FUNERAL	1600 Ball Road	12. WAS DECEDENT EV				IIC ORIGIN? (Specify Yea	Usa or No- 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			2 XNO Specify			Specify: white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade   Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during mo use retired.)	st of working	16b, KIND OF BUS		
OMP	17, FATHER'S NAME (First, Middle, Last)	2	Electri	c Engine		ME (First, Middle, Maiden	OVERNM Sumame)	ent
BE C	George Frederick	Button Sr	4		Edi	th Daws	_ <_	
0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City or Tow	n, State, Zip Cod	(6)
2	Lelia Button		20b. PLACE OF DISPO	as #10		1 200 10	CATION City	as Town Casts
魯	1 S Burial 2 Cremation 3 Remo		other place)	ncoln Cer	netery	B1a	5-317	g, Maryland
B).	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		4405 B	roomes I	sland Rd.	Funer Port r	al Home Epublic, Md.
ATION	23. PART i. Enter the diseases, or c shock, pr heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	Metus  Due to (or		Emeil		Carcino		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE (	DF):				
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
IASI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER		4 - Nursing Hom		8 Other (Specify)  28d. DESCRIBE HOW	N HIRV OCCUP	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar) IN	M 1	PRK? YES 2 NO	280. DESCRIBE NOW	INDON'T OCCUR	
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, (Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State,		Runal Route Number,
COMPLETED	COROCK OTHY	CIAN: To the best of my						use(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Jonam	X.		29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	M.D.	Prince	e Frederi	ck, Mary	land 20678	3	
	31. DATE FILED (Month, Day, Year) MAY 1 1 19		audson-Rand	ell				

GC 52 III

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Just after death. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If I tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination.

STA	TE OF	MARYLAND	/ DEPAR	TMENT O	F HEALTH	AND	MENTAL	HYGIENE
		C	ERTIF	ICATE C	OF DEAT	rH		REG. NO.

	FOR STATE OF MARYLA	ND / DEPART			IENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	Helen Elizabeth Bogacki				May 2				
			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)		
	136-24-9190 1 M 25 F 8	YRS.		R LOCATION OF DEA	April 22,	1909	PA		
Œ	(at home)	1,		lay, MD	un.	Q.A			
5	RESIDENCE OF DECEDENT					A. 12			
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?		
2	MD Q.A.	157	arclay	ZIP CODE		10a, CITIZEN O	1 YES 2 NO		
FRA	P. O. Box 24			21607			SA		
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPANI	C ORIGIN? (Specify Ye	s or No.— 14. R	ACE — American Indian, lack, White, etc.		
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced  FORCES? 1 YES IF YES, GIVE WAR OR DAT	ES		2 NO Specify:			White		
	42	16a. DECEDENT'S U	SUAL OCCUPATION	M.	185 KIND OF BU	SINESS/INDUSTR			
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done durina mo	st of working	los. Kino or bo	3111233/1110331/1			
AP.	7	homemal	ker		ho	me			
ő	17. FATHER'S NAME (First, Middle, Last)				NE (First, Middle, Maiden	Surname)			
BE	Jan Wilusz			Aniela					
2	100. INFORMANT'S NAME (Type/Print)  Leon Bogacki				oute Number, City or Tow Ly, MD 21		)		
	20s. METHOD OF DISPOSITION 20b.	PLACE OF DISPOSIT	ION (Name of cer	netery, cremetory or	20c. LC	CATION — City o	r Town, State		
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	other piece) Sudle	ersville	e Cemeter	y Su		lle, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	ID ADDRESS OF FAC	ILITY				
	· Lary B. Fellows		Fellow	ws Funera	ll Home St. Mill	ington	MD 21651		
	23. PART I. Enter the diseases, or complications that caused	the death. Do no	t enter the mo	de of dying, such	ss cardiac or reap	iratory srrest,	Approximats		
	shock, Dr heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition )  Capa and A + 1 and Heart + Fallure    Capa and A + 1 and Heart + Fallure + Fallur								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injur								
Z	Sequentially list conditions, b. A5CVD								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF	in de	ene O					
FIC	CAUSE (Disease or Injury that initiated events	SEQUENCE OF)	47						
E	resulting in death) LAST								
	PART II. Other significant conditions contributing to death bu	t not resulting in	the underlyin	n cause given in l	Part I. 24s. WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL	- Rheumatoil ant.		,	g cacco given in i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ED	7-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				1 YES	2 10 NO	OF DEATH?  1  YES 2 NO		
≥									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	ck only one)				
YSI	1 NO 1 Inpetient 2 ER/Outpe	tient 3 DOA		e 5 🗆 Rasidence					
	27. MANNER OF DEATH  1 Netural 8 Pending  28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME INJU	RY 28c. INJ	PRK?	26d. DESCRIBE HOW	INJURY OCCURE	D		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be building sto (Special	- At home, farm, at			28f. LOCATION (Street	end Number or Ru	ral Route Number,		
E	4 Homicide determined building, etc. (Special	(V)			City or Town, State	)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the best of examination						se(e) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NUM			NED (Month, Day, Year)		
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	THE UTTEN OF THE	Print)	D2080	10	1 5	14 90		
	Unicorn Medical Cent	er P.o.	BOX140	mill	notop, r	nd. 2	1651		
	31. DATE FILEO (MONTH, Day, Mar)  MAY 0 7 '90  Suria Davids				0				
	// / / / / / / / / / / / / / / / / / / /						DUMU 16 Bay 1/80		

ALEGA DE

31° 25 d

G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may require the death certificate be executed within 24 hours after death. Page 6 may require the death certificate be executed within 24 hours after death.	stated for use as the burial-trans	-	OBER
ige 6 m = 1	Sirector, and 5 miles	100 Rep. 20	or liem 23 shows any folium or other traumatic event, the medical examiner must be
4 hours after death. Pa	illed in by the funeral	in, or removal.	e medical examine
be executed within 2	cian and completely f	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic event. th
the death certificate	the attending physi	1 Mental Hygiene pr	binny or other t
law requires that	as been signed by	Sept. of Health and	23 chnws any
G PHYSICIAN: The	er this certificate his	th with the State D	narked or liem

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

as the burial-transit permit. Pages 1, 2, 3 should

JID 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		STATE OF MA			TMENT ICATE				MENTAL	HYGIEN			
. DECEDENT'S NAME (First, Mic	- 12	ın Ward B		_,,,,,,,					2. DATE MONTH App	OF DEATH	DAY Y	EAR	7:30 a.M
SOCIAL SECURITY NUMBER			AGE (In yrs. las		IF UNDER 1		IF UNDER	24 HRS.	(Month	Day, Year)		Country)	ACE (State or Foreign
215-12-9081		M 2 □ F	70	YRS.					July			arle	eville, Md.
a. FACILITY NAME (If not institu					9b. CITY,				EATH		9c. COUNTY		тн
Union Hospi	CAL OF	Cecil C	ounty		E.	ikto	n, M	id.			Cecil		
Oa. STATE 10	b. COUNTY Cecil				y, town of Wick	LOCATIO	ON						Od. INSIDE CITY LIMITS?  YES ZZZ NO
00. STREET AND NUMBER 1125 Cecilton	n Warw	ick Raod					ZIP CODE 1912				USA	N OF WH	AT COUNTRY?
1. MARITAL STATUS  Never Married 2 Ma  Widowed 4 Divorce	rried	WW 2	YES 2 N		It	yes, spec		n, Mexica	n, Puerto F	? (Specify Yellcan, atc.)	es or No — 14		- American Indian, White, atc.
15. DECEDE (Specify only his	ENT'S EDUCAT	ION noieted)	16s. DE	CEDENT'S	USUAL OC	CUPATION	of workin	a	16b.	KIND OF BU	JSINESS/INDUS	TRY	1111100
Elementary/Secondary (0-12)		College (1-4 or 5+)			vork done done retired.)		. or worth			C1.	7		
11 yrs			Ger	ieral	For	eman					ler Co	rp.	
7. FATHER'S NAME (First, Middle		. Bailey							me (First, A Green	fiddle, Maide C	n Surname)		
on informant's name (Type) The lma Mae I		(wife)									wn, State, Zip Co		912
10a. METHOD OF DISPOSITION			205 BLACE	OF DIRRO	DITTOM (No.						OCATION - CI		
Donation 5 ☐ Other (Sp.		I from State	other pl	Zic	n Cer	nete	ry			Cec	ilton,	Md.	
11. SIGNATURE OF FUNERAL S	B.	Fell	nds		Fe]	Llows	s Fu O Mi	nera 11ir	al Ho	Md.	21651		
23. PART I. Enter the dise shock, or haer IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	t fellure. Lie	acute	on each line myoca	rdia	l in							it,	Approximate interval Between Onset and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	te		AS A CONSE			ease	wit	h pi	revio	us se	vere M	Π	
PART II. Other significant	conditions of	contributing to de	ath but not i	resulting	in the und	deriying	ceuse	given in	Part i.		N AUTOPSY DRMED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED TO M	IEDICAL.		-			26. PL/	ACE OF D	EATH (C)	heck only on	e)			
EXAMINER?		OSPITAL:	R/Outpatient 3	□ DOA	OTHER	:			6 🗆 Othe				
77. MANNER OF DEATH		28a. DATE OF IN. (Month, Day,	JURY	28b, TIM		28c. INJU	RY AT				INJURY OCCU	RED	
2 Accident Inv. 3 Suicide 8 Co	estigation uid not be ermined	28e. PLACE OF II building, sto	NJURY — At ho . (Specify)	ome, form,			ES 2	_ NO		ATION (Street or Town, State	t and Number or e)	Rural Ro	ute Number,
need .		N: To the best of my											and manner as stated.
196. SIGNATURE AND TITLE OF	CERTIFIER	Α .					29c. LICI	ENSE NU	MBER		29d. DATE	SIGNED (	Month, Day, Year)
*	Aho	A Alban	124	D.			D	0712	29		1	10	1990
unilase	1100	machen	705 "	-			-					. 10.	1990

57211 00

This obvious state and bearing the news of the covers of Community and the previous services of the previous services of

1110

on the second of the second

150	å	_	_
1	蠢	ā	ė
B.	91	fi.	ø
1			ŀ
3	3	8	þ
3	ĸ.	g,	3
100	0	-	1
reta	S		ite
Pe	36		
ay	E.		+
Е В	tor.		SIN
96	lirec		7
2	al C		6
Æ.	Je.		E
de	6 1	=	P.
ffe	=	8	123
3	5	Je J	ij
B	D.	ō	Ě
74	fille	ou.	à
ij.	tely	mat	Ξ
¥	ble	ē	99
ted	00	7	-
DO:	2	200	į
8	E C	2	E
e D	Sicial.	JOL.	C
Cat	Phy.	9	10
ertif	Du.	gie	f
5	no.	Ť	Dr
eat	afte	EE.	2
9	the	ž	į
H	3	and	-
=	pa	5	200
ires	sign	ea	3
Do.	E.	0	ho
×	9	F.	64
9	has	පී	2
E	ate	tate	in a
IAN	tife	e S	3
Sic	9	#	-
F	this	M	- Au
9	Te.	at a	no.
B	A	de	9
1	108	after	30
A	JEC	13	8
0	ä	hot	100
M	R	2	*
SS	INE	thin	S
¥	3	W	ST.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained to the property of the HOSPITAL OF A MOUNT OF THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show we do	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MODOTANT: It is no 28 to marked or item 23 shows any injury or other fraumatic event, the medical examiner must be notificing and
2	2	Pe	3

	1 - STATE REGISTRAR			IMENT OF F		MENTAL HYGIENI REG. NO.	90-	14276	
9	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH	
ij	BERTHA BARA	2016				4 18	3 90	/ /-1 M	
3	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- 09 0.8	ountry) Maryland	
	9a. FACILITY NAME (If not institution, give street and n	2 XF X (	YRS.	at OUTH TOWN	R LOCATION OF DE	8-29	9c. COUNTY		
œ			1					chester	
5	Mallard Bay Nurs	ing Home		CAM	BRID	GE	1)01	CHEBUCI	
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland Kent			sterto				1_ YES 2 NO	
AAL	100. STREET AND NUMBER 57764	FIELS CO	2061	# 10	21620		USA	OF WHAT COUNTRY?	
FUNERAL	Chester was	DECEDENT EVER IN U.S.				NIC ORIGIN? (Specify Yes		RACE — American Indien,	
BY	1 Never Married 2 Married FOR	CES? 1 YES 2 { ES, GIVE WAR OR DATES		If yes, sp		n, Puerto Ricen, etc.)		Black, White, etc.  Specify:  Black	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed	18a.	DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KIND OF BUS	INESS/INDUST		
1		(1-4 or 5+)	Ilfe. Do NOT us	se retired.)	or or working	Vario	11.0		
	Secondary			abor					
鬱	17. FATHER'S NAME (First, Middle, Last)	THON	1 10 5	Š	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	11	
8	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street)	nd Number or Bural	Boute Number_City or Town	. State. Zio God	e) (	
2	Mrs. Hazel Cooper		SA	TTER	SAS	Route Number City or Town	To the	2	
	20a. METHOD OF DISPOSITION	20b. PLA	CE OF DISPOS	SITION (Name of ce	netery, crematory or	90 20c. LO	CATION - City	or Town, State	
	1 Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	-	anes		irch Ce		stert	own Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSIA	· 00		22. NAME A	D ADDRESS OF FA	ICILITY 5	7.	(	
	X Jemos	LM sad		X C	nes	terton	DIM	d.	
	23. PART I. Enter tha diseases, or complica shock, or heart fallure. List only			not anter the mo	da of dying, suc	ch as cardiac or respi	ratory arrest,	Approximeta Interval Batween	
	IMMEDIATE CAUSE (Final	0110 00000 011 00011	0	/	- 4		1-	Onset and Death	
	disease or condition resulting in deeth)  a. Due to (or as a consequence or):								
	DUE TO (OR AS A CONSEQUENCE OF):  ASCV2								
ō	Sequentially list conditions, If eny, leading to immediate  b.  DUE TO (OR AS A CONSEQUENCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disasse or Injury								
E	thet initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE O	F):					
CERTIFICATION	d.								
CAL	PART II. Other eignificent conditione contri	buting to death but n	ot resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
5	Cardiac facemas	er, CV.	A,	luy,	Gemos			COMPLETION OF CAUSE OF DEATH?	
MEDI	CH Failure							1 TES 2 NO	
ÿ									
C		PITAL:		26. P	LACE OF DEATH (C	heck only one)			
PHYSICIAN:		etient 2 ER/Outpation	28b. TIN		IURY AT	8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUR	ED	
	1 Netural 5 Pending	(Month, Day, Year)	IN	JURY W	YES 2 NO				
D BY	A DOUGHT	PLACE OF INJURY — A building, atc. (Specify)	t home, term,	street, tectory, offi	a	28t. LOCATION (Street a City or Town, State)	and Number or F	itural Route Number,	
H	4 Homicide datarmined	building, are (apecily)				City of lown, Stelle)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowledge	, death occurr	ed at the time, dat	and place, and du	a to the cause(a) and mar	nner as stated.		
NO.	One) 2 MEDICAL EXAMINER: On the	basia of examination and	l/or investigation	on, in my opinion,	leath occured at the	a time, data and place, an	d due to the ca	use(a) and menner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		GNED (Month, Day, Year)	
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	30. NAME AND ADDRESS OF PERSON WHO COMPL	LIED CAUSE OF DEATH	(I <b>TEM 27)</b> (Type	o, Print)					
2	31. DATE FILED (Month, Day, Year) 32	REGISTRAR'S SIGNATUR	RE						
0,	31. DATE FILED (Month, Day, Year) 32 APR 26 '90	Julia David		nda DO.					
		0	1301 4-1101	1					

3 Million Hola

and a second

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

4	<u>ē</u>	83
DIVISION OF VITAL RECORDS, P.O. BOX 1314	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	AAL DIRECTOR: After this certificate has been signed by the attending physician and co
K	De e	nation of
Š	ate	hysic
	rtific	lg pi
9	es c	ngin H
<u>a</u> .	death	atte
Ŋ.	the	the
문	hat 1	100
5	Se Se	gne
S	quir	is u
œ	≥	pee .
4	e 134	has
7	É	ate
5	AN	tific
L	Sic	Ser de
0	PHY	this
Z	SING	After
2	END	-BG
3	A	ECT
5	OR.	DIR
7	A	38

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE 0	F MARYLAND /	<b>DEPARTMENT</b>	OF HEALTH	AND	MENTAL	<b>HYGIENE</b>
	CI	ERTIFICATE	OF DEA	TH		REG. NO.

1 - STATE REGISTRAR		CE	RTIF	CATE O	F DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
James Carruth	1							990	5:46 pm
4. SOCIAL SECURITY NUMBER	1 1	8. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	-	7. DATE OF BIRTH (Month, Day, Year	)	6. BIRT	HPLACE (State or Foreign try)
419-16-1888	12 M 2 🗆 F	79	YRS.	MONTHS DATE	noone win.	1-31-	11		A1.
Se. FACILITY NAME (If not institution, give s	treet and number)		ľ	9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. CO	UNTY OF I	DEATH
Southern MD Ho	ospital	Center		C]	Linton		Pr	inc	e George's
10a. STATE 10b. COUNTY				TOWN OR LO					10d. INSIDE CITY LIMITS?
	·G.		Mo:	rnings					1 TYES XEX THO
100. STREET AND NUMBER 6712 Marianne	Court				20746			SA	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR			ECENDENT OF HISPAI specify Cuban, Maxica			14. RAC	E — American Indian, ck, White, etc.
1 Never Married XX Married 3 Widowed 4 Divorced	1942-		.0	XEX	'ES 2 NO Specifi	y:	,		White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPA	ATION most of working	16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +				most of working		1.6	~	- 1
9	0	Hea	vy E	quip.	Operato:		id & (		ет
17. FATHER'S NAME (First, Middle, Last)					111111	ME (First, Middle, Ma Picken			
Edgar Carruth  19a. INFORMANT'S NAME (Type/Print)	1	Lin		1000000 (0)				No di di	
Grace Carruth		1			ot and Number or Rural Oa-10f.	Houte Number, City or	iown, State, 2	up Code)	
20a. METHOD OF DISPOSITION					cemetery, crematory or	200	LOCATION -	- City or T	fown State
1 X Burial 2 Crematton 3 Rem 4 Donatton 5 Other (Specify)	oval from State	other pla	ece)		e Cemete				nam,Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2					Fune.	ral	Home, Inc.
Leuanne	& C	ates	)	663 Cli	3 Old Al	exander 20735	Fer	ry R	load
23. PART I. Inter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	List only one cau	se on each line	Les SUENCE CH	ilm	in	an	res	t	Approximata Interval Between Opset and Death Ammed
cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	4	OR AS A CONSE	300000		nie Obs	duction	ase	esh	hou
PART II. Other aignificant condition	ontributing to	death but not i	reaulting i	n the undari	ying cause given in		S AN AUTOPS RECHMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
angeresse	lyolic	com	ons	Lun	1	1 🗆 AI	8 2 1546	1	COMPLETION OF CAUSE OF DEATH?
anteny de	eslesi	- hu	cek	Upm	diac				1 AER 5 WD
entinge	ment	_							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	L PLACE OF DEATH (C)	seck anly one)			
t ☐ YES 2 Q/NO 27. MANNER OF DEATH	1 Minpatient 2 U			-	Home 5 III Residence			- COMMO	
1 Natural 5 Pending	28s. DATE OF (Month, Dr		26b. TIM INJ	URIY	INJURY AT WORK?  YES 2 NO	28d, DESCRIBE H	OW INSURT O	CCUMED	
3 Suicide 8 Could not be 4 Homicide determined		F INJURY — At he etc. (Specify)	ome, tarm, r	street, factory, c	sffice	281. LOCATION (St City or Time).		ber or Rune	Route Numbec
(Crieck only					date and place, and du				
2 MEDICAL EXAMIN		cam(nation and/or	investigatio	n, in my opinio					r(a) and manner as stated.
SON SHANDSVINE AND TITLE OF CHANGE	ninck	- In	0		DO 8	MBER 567	29d. 0.	4	27/90
30. NAME AND ADDRESS OF PERSON WI Kelvin Minchi					l Rd.,	200, 0	kon H	ill	, MD 20745
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE							
INMI U 4 JU	Fulla Davidson	n-Handell	-						

. -

	Pi	Tag E	-
Ó	X	de s	2
4	nted n	S je	3
60	200	DE DE	8
×	9	an of	5
Ô	te	Sic	트
0	fica	등 의	è
Ö	cert	Sing Vale	0
O.	tie.	al H	8
	de	e at	Ę
SS	the state	T P	E
2	hat	d de	È
0	SS	gatt	60
S	E.	IS I	30
æ	9	pee	2
	8	as Den	23
₹	1	e te	E
E	3	Str	=
-	3	the	0
2	HZ.	si ti	90
7	9	Ta to	Te.
ō	S	Afte	=
Š	IEN	DR:	00
5	A	EG "	n 2
-0	OR	DIR	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely has steed within 22 hours after death with the State Dent, of Health and Merital Hyolene prior to burial, cremating	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,
14	6	NER PHO	Ë
10	皇	5.1	E
1110	쑫	里	S S
IVI	2	2	E
/	/		

	1. DECEDENT'S NAME (First, Middle, Last)	77	mines		-	2. DATE OF DEATH	90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 239-58-0194	5. SEX 6.	AGE (In yrs. lest by Inday) 54 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 07/11/19	C	orth Carolina	
OR	9a. FACILITY NAME (II not institution, give Washington Ac		spital		n or location of de na Park	АТН	Montg	of DEATH Comery County	
DIRECTOR	Maryland Princ	e George's		ry, TOWN OR LO		10d. INSIDE CITY LIMITS? 1 1 Yes 2 \( \text{NO} \) NO			
ERAL	100. STREET AND NUMBER 5802 40th Avenue				101. ZIP CODE 20782			OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Vidowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR PATES					RACE — American Indian, Black, Whita, etc. Specify: Negro		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th Grade		eawear.	most of working	siness/indust	RY			
CON	12th Grade 2 Years T.V. Technician Congressional T.V  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surnsme)  Flossie Cummings								
TO BE	19a, INFORMANT'S NAME (Type/Print) Ruby Lee Cummir	nas (wife)			et and Number or Rural F	Route Number, City or Tow	n, State, Zip Cod		
	20a METHOD OF DISPOSITION 1 ABurlai 2 Cremation 3 Rer 4 Donation 8 Other (Specify)	20b. PLACE OF DISPO	ace)				TION — City or Town, State Hill, North Carolina		
	21. SIGNATURE OF FUNERAL SERVICE L	Z.	/	22. NAM	and address of FA	S Sons Fur	neral H		
N	23. PART I. Enter the diseases, or shock, or heart failure MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. DUE TO (OI	on each line.	a h	CALADA ALGA ABA	n as cardiac or resp		Approximata Interval Between Onset and Death	
ERTIFICATION	Sequentiating interconductors, lift any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST								
N: MEDICAL CERTIFICATION	PART II. Other aignificant condition	one contributing to de	eath but not resulting	in tha undari	ying cause given in	Part I. 24a. WRS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	. PLACE OF DEATH (Ch				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	JURY 28b. T	ME OF 28c	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF I	NJURY — At home, farm :. (Specify)	, street, factory,	office	281. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIC	CUAY			29c. LICENSE NUI	876	29d. DATE SI	GNED (Month, Day, Year)	
10	Suresh C. Gup				eet, Mt. R	ainier, Ma	ryland	20712	
	MAY 0 2 90	Sell Davidson	s signature Randall		4				

	1 - STATE REGISTRAR	STATE UF W	IAKYLANU /				DEAT		VIEN IA	REG. N				
	1. DECEDENT'S NAME (First, Middle, Lest) JACK Gibson		ILL	1					2. DATE	OF DEATH	27	year 90	-	5PM M
	4. SOCIAL SECURITY NUMBER 534-38-6821	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH	15	Cou	ntry)	(State or Foreign Washington
NG C	9a. FACILITY NAME (If not institution, give PRINCE GEORGI		AL CENTE	:R		HEVE	RLY	ON OF DE				COUNTY OF		EORGES
RECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  Manage 1 and 1 Days					OR LOCAT							10d. II	NSIDE CITY
LDI	Maryland Princ	e George'	S	Ну	atts	ville	ZIP CODE	=			100	CITIZEN OF		YES 2 X NO
ERA	6931 Emerson Str	eet						109. CITIZEN OF WHAT COUNTRY? U.S.A.						
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 WWTYS, GIVE W	TEVER IN U.S. ARI  X YES 2 N  AR OR DATES  TEA, Vie	MED 10 2 tn ai		If yes, sp		n, Mexica	n, Puerto	N? (Specify Rican, etc.)	Yes or N	Bir	ick, White	erican Indian, h, etc. Vhite
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12th Grade		·) (G/	ve kind of	work done se retired.)	during mo	ON st of worldr	ng		S. N		S/INDUSTRY		
NO.	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	_	Middle, Maid		ime)		
BE (	Jonathan Churchi  19a. INFORMANT'S NAME (Type/Print)	11	1 400						Lbso		01	ite, Zip Code)		
5	Ruth Churchill (	Wife)	100									Maryl	and	20784
	20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 Rec	noval from State	20b. PLACE of	OF DISPO	SITION (N	lame of cer	netery, cren	natory or	VI.	20c.	LOCATIO	ON — City or	Town, Str	rte
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Metro	oboT:	22	NAME A	O ADDRE	SS OF FA						ginia
	· Phin	tin h.	Kon	1	F1	ranc:	is Ga Ralti	more	S S	ons F	uner	al Ho	me,	P.A. 1. 20781
	23. PART I. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in deeth)													Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEC	DUENCE C	PF):							/		
PHYSICIAN: MEDICAL	PART II. Other pignificant condition	ons contributing to	Well not n	estatithing	m the u	nakg	EAM	yphy	Part i.	24a. WAS PERI 1 TYES	ORMED	7	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ED/Outpetient 2	□ no4	OTHE	R:	LACE OF C			er (Specify)				
	27. MANNER OF DEATH  1	28a. DATE OF (Month, E	INJURY	26b. TII		28c. IN.	JURY AT ORK?		_		W INJUR	Y OCCURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C	OF INJURY — At he etc. (Specify)	ome, farm,	street, fa	ctory, offic	:0			CATION (Str. y or Town, St		lumber or Run	al Route N	lumber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMI												e(a) and i	menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	9/1	alone	9/	4.7	<u>)</u>	29c. LIC	ENSE NU	MBER	179	294	d. DATE SIGN	ED (Mont)	20 90
F	30. NAME AND ADDRESS OF PERSON V	of an	R 4	Zi	a. PHITT	b,	Mk	/.	20	78	7		/	
	MAY 02 '90	0	ar's signature " n-Randale	/										

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

THE PRECIOE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

178 ° 7

S		į
2		6
pag		had
ector,	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	an item 20 about any interest or other transmit the medical everyines the most
erar on		ninar
5		200
nin /	lova	100
ទ =	rem	pully
5	9	Ē
all le	tion.	the
lele	еша	100
	, C	ave
0	onug	die
4	9	500
SICIA	prior	-
E D	iene	thor
	롶	3
alle	mtal	7
E	ž	1
5	and	2
aug G	eafth	9
ŝ	Ĭ	-
966	0	4
Ser	Depl	23
care	state	100
ertilli	the S	1
NIS C	with	Sec.
Ter 1	eath	1

	FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPAR CERTIF				MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH
1	ALICE	MAUDE	CURR	V			MON	TH DAY AY 2.1		YEAR	10:07 A.M
l	4. SOCIAL SECURITY NUMBER 5. SE		yrs. last birthday)	IF UNDER 1	YEAR	F UNDER 24 HRS.	7. DATI	E OF BIRTH	990	8. BIRTI	HPLACE (State or Foreign
	220-32-6903	M 2 √F (	94 YRS.	MONTHS	DAYS H	IOURS MIN.		nth, Day, Year) . 15,18	105	Count	(TY)
	9a. FACILITY NAME (If not institution, give street and		/	9b. CITY. 1	TOWN OR	LOCATION OF D	_	. 13,10		NTY OF E	
œ		4.444.0	CD + m + m								
DIRECTOR	PHYSICIANS MEMORIAL HOSPITAL					ata			_Ch	arl	es
입	10e. STATE 10b. COUNTY					N					10d. INSIDE CITY
<u>۾</u>	MD. ST. MAR	D. ST. MARY'S CO.				ILLE					LIMITS?
	100. STREET AND NUMBER	1 5 00.	<u>M</u>	ECLIMI		IP CODE			10a, CIT	ZEN OF	WHAT COUNTRY?
FUNERAL					1	20650					
빌	RT. 1, BOX 97  11, MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. A			T 40 111	*** *******	20659	ODIO	IN? (Specify Yee	N-		E — American Indian,
교	1 Never Married 2 Married FC	ORCES? 1 YES	2X NO	H	yes, speci	fy Cuban, Mexico	an, Puarto		or No-	Blac	ck, White, etc.
B	3 X Widowed 4 Divorced	YES, GIVE WAR OR DA	res	1	YES 2	XNO Speci	fy:			Spec	otty: ITE
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	HSHAL OCC	CHRATION		Tij	Bb. KIND OF BUS	INESS/INI		110
2	(Specify only highest grade complete	ted)	(Give kind of a	vork done du	uring most	of working	-   "	DE KIND OF BOS	MVL00/1141	DODINI	
2		ege (1-4 or 5+)							A 477		
COMPLETED	5TH. GRADE		HOMEMA	KER			1115 (5)		ME		
	17. FATHER'S NAME (First, Middle, Last)						, Middle, Maiden				
BE	THOMAS ASHBURY VAN W	ART						LAURA B			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street and	Number or Rural	Route Nu	mber, City or Town	n, State, Zi	p Code)	
-	RUTH E. BERNASCONI		91 CL	OVER	HITTI	RD. I	MECH	ANICSVI	LLE.	MD.	20659
ı	RUTH F. BERNASCONI  20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)								own, State		
	4 Donalion 5 Other (Specify) MT. ZION METHODIST CEMETERY LAUREL GROVE.								WE. MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. N	AME AND	ADDRESS OF F	ACILITY				
	Michael -XX	9									ME, P.A.
	7. 000000000000000000000000000000000000	Jaroune						EONARDI			
	23. PART . Enter the diseases, or compile ahock, or heart failure. List or			not enter t	the mode	of dying, su	ch es ca	irdiac Dr respi	ratory er	rest,	Approximate interval Between
	IMMEDIATE CAUSE (FIRST									Onset and Death	
	disassa or condition resulting in death)   e. Cholaugicis.										
	e. Due to (or As A consequence of):										
z											
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
8	ceuse. Entar UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
F	resulting in death) LAST										
S										-,	
A	PART ii. Other significent conditions con	tributing to death be	It not resulting	in tha unc	darlying	cause given in	n Part i.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	- Cleanic D	CHEXTE	ine (	luce	d	LEGA		1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
삘					1						1 TYES 2 NO
2											
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (C	heck only	one)			
길	EXAMINER?	SPITAL:		OTHER	t:						
≥ I		Mpatlant 2 - ER/Outp	28b. Till		ang Home	5 Residence	7	her (Specify) ESCRIBE HOW I	N IIIPV O	OCUPED	
급	1 Natural 5 Pending	(Month, Day, Year)		JURY	WOR	K?	28G. L	EŞCRIBE NOW I	NJUHT U	COMED	
ВУ	2 Accident Investigation					S 2 NO	-				
	S Could not be	28e. PLACE OF INJURY building, etc. (Spec		street, facto	ory, office			OCATION (Street a ity or Town, State)		er or Rural	Route Number,
COMPLETED	4 Homicide determined										
7	29a. CERTIFIER (Check only	To the best of my knowl	edge, death occur	ed at the tir	me, date a	nd place, and du	a lo lhe	cause(a) and mar	nner aa st	ated.	
₹ I	one) 2 MEDICAL EXAMINER: On	the basia of examination	and/or investigation	on, in my op	pinion, des	ith occured at Ih	e lime, d	sta and place, an	d due lo l	lhe cause	(e) and manner as stated.
8	201 SIGNATURE AND THE OF CONTINUE				Т	one I locater	MADES		201 77	TE BION	D (Month One 14)
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				-	29c. LICENSE NI D 2 5 9 9 2	)				2 . 1990
6	len						-		T.	tay	4,5330
-	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Trial)							
	n. Khadar Baig	Box 190 32. REGISTRAR'S SIGN	18 Nor	+h 3	201	<u> И</u> т	- D 1				
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		, J.	erwy, r	ar I	ata, Mo	1.20	0646	
	M/V 3'90	lia Davidson	- (tandalle								

8

9	ysician.	rial-transit
BALTIMORE, MARYLAND 21203-3146	ding phy	s the bur
1203	or atter	or use a
<b>40</b> 2	hospital	ached fo
LA	by the	be det
MAR	retained	5 shouk
Œ, N	may be	r page
MOF	Page 6	directo
ALTI	death.	e funera
B	irs after	n by the
	24 HOL	filled i
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	d within	ompletel
131	execute	and or
BOX	cate be	ohysiciar e prior
0.	th certifi	ending p
S, F	the dear	the att
ORC	es that	gned by
REC	w requir	been si
TAL	: The la	ate has
FV	SICIAN	certific th the S
ON	ING PH	Wer this
ISIO	UTENO	after d
>		
ō	AL DR	AL DIRE
٥	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	<b>HYGIENE</b>
CI	RTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLAND / DEPARTME CERTIFICA	ENT OF HEALTH AND M TE OF DEATH	ENTAL HYGIENE REG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last)	BENNETT	LINGAN	2. DATE OF GEATH MONTH AY 5 199	3. TIME OF DEATH M			
	218-34-1381	M2 □ F 53 YRS. MONT	THE DAYS HOURS MIN.	MAN 3, 1937	RTHPLACE (State or Foreign			
TOR	90. FACILITY NAME (If not institution, give street of 107 LIBERT) RESIDENCE OF DECEMENT	STREET 96.	NESTMINS	TER CAY	PROLL			
DIRECTOR	10e. STATE 10b. COUNTY	ROLL WE	WN OR LOCATION STYNINSTE	R	10d. INSIDE CITY LIMITO?  1 D YES 2 NO			
FUNERAL	10. STREET AND NUMBER 107 LIBERTY	57.	21/57	10g. CITIZEN C	S.A.			
BY FUN	11. MARITAL STATUS  1	WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 2 YES 2 NO IF YES, GIE WAS OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Maxican, 1 YES 2 NO Specify:		ACE — American Indian, Heck, White, etc.			
COMPLETED	1s. OECEOENT'S EDUCATION (Specify only highest grade complete the complete specific	pleted) (Give kind of work of life. Do NOT use reti	ione during most of working	166. KINO OF BUSINESS/INOUSTR	T+BAR			
E COMP	17. FATHER'S NAME (First, Middle, Last) PAUL DSCAR	CLINGAN		E (First, Middle, Meiden Surname)				
TO BE	180. INFORMANT'S NAME (Type/Print) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	20c. METHOD OF DISPOSITION 1	from State CARROLL (	N (Name of cametery, crematory or LEM ATORY  22. NAME AND ADDRESS OF FACE	LITY 20c. LOCATION — City of	Town, State			
	· nobert A.	Myers	91 Willis ST	t. WESTMINSTER	RMD. 21159			
		plications that coused the death. Do not e only one couse on each line.  C J + RO N/C  DUE TO (OR AS A CONSEQUENCE OF):	MENING.		Approximate Interval Between Onset and Death			
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DIA KETES OUE TO (OR AS A CONSEQUENCE OF):	MELLIT	S	27YEAR			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL C	PART II. Other significant conditions of	ontributing to deeth but not resulting in th	e underlying cause given in F	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 _ YES 2 _ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Chec	ck only one)				
SIC			HER: Nursing Home 5 - Residence 6	I □ Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	284. OEŞCRIBE HOW INJURY OCCURE	0			
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	F INJURY — At home, farm, street, fectory, office 281. LOCATION (Street end					
COMPLETED	(Grieck Orlly	N: To the best of my knowledge, death occurred at on the basic of examination and/or investigation, in	Control of the Contro		use(e) end manner as stated.			
BE	206. SIGNATURE AND TITLE OF CENTIFIER	lettrei M.	D. 29c. LICENSE NUM	196 \$5-	NEO (Month, Day, Year)			
10	DANIEL I M	OMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	ID TOKE	STAINSTE	N ROPE			
	31. DATÉ FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE  GUND DEUT SOM PRINCE	182	,				

מוציו וייים לייים לייים ויים וייים ו	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
.C. COV 10140,	at the death certificate be executed within	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	y injury, or other traumatic event,
DIVISION OF WINE PLOCUES, T.C. BOX 10149,	ENDING PHYSICIAN: The law requires the	DR: After this certificate has been signed ter death with the State Dept. of Health a	8 is marked, or item 23 shows an
	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTL be filed within 72 hours of	IMPORTANT: If item 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF		<b>ERTIFIC</b>	ATE OF	DEATH		REG. NO	).			
1. OECEOENT'S NAME (First, Middle		Shelby W	. Colbe	rt		2. DATE MONTH	OF OEATH O	AY	YEAR 90	3. TIME OF DEATH	PM
4. SOCIAL SECURITY NUMBER 577 10 5442  9a. FACILITY NAME (If not institution	5. SEX  1 M 2 F	8. AGE (In yrs. Is	YRS. MON		HOURS MIN.	Jun	of BIRTH (Day, Year)	919 9c. coun	Was	hington	
2917 Tarragon				owie	Marylar					George's	
10e. STATE 10b.	ince Georg	e's	Bowi							10d. INSIDE CITY LIMITS? 1 YES 2 1	10
2917 Tarragon	12. WAS DECED	ENT EVER IN U.S. A		2	O715  ENDENT OF HISPAI	NIC ORIGIN	? (Specify Ye	Unit	ed S	TATES  E — American India k, White, atc.	٦,
1 Never Married 2 Marrie 3 Widowed 4 Divorced	IF YES, GIVI	1 YES 2 WAR OR DATES		If yes, spe	city Cuban, Maxica 2 NO Specif	in, Puerto R			Spec		
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION st grade completed)  Coffege (1-4 or	5+)	ECEDENT'S USU. Give kind of work of the Do NOT use retail  Carpent	done during moi ired.)	N st of working		Const				
17. FATHER'S NAME (First, Middle, L	ast)		carpent	EI	18. MOTHER'S NA	_			011		
William B. Co					Damaris			. Samene)			
19a, INFORMANT'S NAME (Type/Pri		Ti	96. MAILING ADD	RESS (Street a	nd Number or Rural			vn, State. Zio	Code)		
Barbara R. Co	lbert		2917 Та	rragon	Lane Bo	wie l	Marvl:	and '	2071	5	
20e. METHOD OF DISPOSITION  1 XBurlel 2 Cremation 3  4 Donation 5 Other (Species		20b. PLACI	OF OISPOSITIO	N (Name of cerr	Cemeter		20c. LC	CATION -	City or To		d
21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE			22. NAME AN	D ADDRESS OF FA	CILITY					
23. PART I. Enter the disease	es, or complications to	that coueed the	lesth. Do not	1600		olis :	Road 1	Bowie	Mar	yland 20	tn
shock, or heart fill IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ellure. List only one o	that ceueed the decision on each line to the course on each line to the course of the course of the course of the ceuestian o	le.	1600 enter the mo	O Annapo de of dying, suc	olis :	Road 1	Bowie	Mar		ta twee
shock, or heart for immediate CAUSE (Finel disease or condition	s. DUE	cause on each lin	EOUENCE OF):	1600 enter the mo	O Annapo de of dying, suc	olis :	Road 1	Bowie	Mar	Approxima interval Be Onset and	ta twee
shock, or heart find the season of the seaso	s	TO (OR AS A CONSI	EOUENCE OF):	1600 enter the mo	O Annapo	olis oth es cerd	Road 1	Bowie  Ilratory erro  NAUTOPSY RMED?	Mar est,	Approxima interval Be Onset and	te tweet Deati
shock, or heart fill IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co	s. DUE  c. DUE  d	TO (OR AS A CONSI	EOUENCE OF):	1600 enter the mo	O Annapo	olis h es cerd	24s. WAS AI PERFO	Bowie  Ilratory erro  NAUTOPSY RMED?	Mar est,	Approximatinterval Be Onset and Conset and C	te tweet Death
shock, or heart fill immediate Cause (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co	a. DUE  b. DUE  c. DUE  d. MCAL HOSPITAL:	TO (OR AS A CONSI	EOUENCE OF):  EOUENCE OF):  reculting in the	1600 enter the mo	O Annapo	olis  hes cerd	Road lec or resp	Bowie  Ilratory erro  NAUTOPSY RMED?	Mar est,	Approximatinterval Be Onset and Conset and C	ta tweet Deati
shock, or heart fill immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co	s. DUE  b. DUE  c. DUE  d. HOSPITAL:  1   Inpetient	TO (OR AS A CONSI TO (OR AS A CONSI TO (OR AS A CONSI TO (OR AS A CONSI TO (OR AS A CONSI TO (OR AS A CONSI TO (OR AS A CONSI	EOUENCE OF):  FOUENCE OF):  FOUENCE OF):  Treculting in the state of t	1600 enter the mo	O Annapo	olis  the scend	24a. WAS AI PERFO	N AUTOPSY RIMED?	Mar	Approximatinterval Be Onset and Conset and C	te tweet Deati
shock, or heart fill IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inditated events resulting in death) LAST  PART II. Other significant co	a. DUE  b. DUE  c. DUE  d. HOSPITAL:  1   Inpatient  28a. DATE  (Mont)	TO (OR AS A CONSI	EOUENCE OF):  EOUENCE OF):  reculting in the	1600 enter the mo	O Annapo	olis  the scend	Road lec or resp	N AUTOPSY RIMED?	Mar	Approximatinterval Be Onset and Conset and C	te twee Doat
shock, or heart fill immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co	s. DUE  b. DUE  c. DUE  d	TO (OR AS A CONSI TO (OR AS A	EOUENCE OF):  EOUENCE OF):  recuiting in the state of the	1600 enter the monogeneous the	O Annapo de of dying, suc  A  g cause given in  ACE OF DEATH (C)  o 5 Pesidence URY AT RK?  ZES 2 NO	Part I.  Part I.  28d. DES	24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 2 NO	Mar	Approximatinterval Be Onset and Conset and C	te tweet Deati
shock, or heart fill immediate Cause (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin Investing 1 Accident 1 November 2 November	s. DUE  b. DUE  c. DUE  d	TO (OR AS A CONSITO (OR	EOUENCE OF):  EOUENCE OF):  Teeulting in the street of the	1600 enter the monogeneous the monogeneous the monogeneous the monogeneous the monogeneous the time, date	O Annapo de of dying, suc de of dying, s	Part I.  Part I.  28d. DES  28f. LOC. City.	24a. WAS AI PERFO 1 YES  PERFO 1 YES  ATION (Street or Yourn, State was a said and main and m	N AUTOPSY RMED? 2 NO INJURY OCC	Mar est,	Approximatinterval Be Onset and Conset and C	te tweet twe
shock, or heart fill immediate Cause (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin Investing 1 Accident 1 November 2 November	BILLIE ONLY DOE OF THE PROPERTY OF THE PROPERT	TO (OR AS A CONSI TO (OR AS A	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  reculting in the country of the country	1600 enter the modern the modern the modern the modern the modern the modern the modern the modern the modern the time, date in my opinion, d	O Annapo de of dying, suc de of dying, s	Part I.  Part I.  28d. DES  28f. LOC. City.  a to the cause time, date	24a. WAS AI PERFO 1 YES  PERFO 1 YES  ATION (Street or Yourn, State was a said and main and m	N AUTOPSY RMED? 2 2 NO INJURY OCC	Mar est,  24l  CURED or Rural led. he cause(	Approximatinterval Be Onset and Conset and C	the tweet Death



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CHIII	ICALI	CUL	DEA	111		REG. NO.				
1	1. OECEOENT'S NAME (First,			Cio	mm	17		e		2. DATE OF MONTH	DEATH	W .	90	3. TIME OF DEATH 2 21/5 PM	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			PLACE (State or Foreign	-
	233 05 8383		1 □ M 2 😡 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	1 R	1913	We c	t Virginia	
	9e. FACILITY NAME (If not in	etitution also et	44			9h CIT	r TOWN (	DR LOCATI	ON OF DE				NTY OF DE		_
<u>.</u>			•					JH LOCALI	ON OF DE	AIII					
	Chesapeake	Manor	Nursing	Home		Arı	nold					Anne	e Aru	ndel	
DIRECTO	10a. STATE	10b. COUNTY	,	·	10c CI7	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	-
<u> </u>	W 1 1	A											1	LIMITS?	
	Maryland	Anne	Arundel		AI	napo	_					_		1 X YES 2 NO	
₹	100. STREET AND NUMBER						101	I. ZIP COD						HAT COUNTRY?	
	130 Hearne	Road						214	401			Uni	lted	States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.						IIC ORIGIN? (		or No-	14. RACE	- American Indian, White, etc.	
BY	1 Never Married 2		IF YES, GIVE V		givo				Spec//y	··	No			White	
	3 Widowed 4 X Divo	rced			No	1					NO			WILLE	
	15. DEC (Specify only	EDENT'S EDUC	CATION completed)		DECEDENT'S (Give kind of	work done	during me	ON ost of world	ng	16b. KI	ND OF BU	SINESS/INC	DUSTRY		
9	Elementary/Secondary (0	1-12)	College (1-4 or 5		ille. Do NOT u	se retired.)									
<u> </u>	12				Clerk					R	etai	1 Sal	Les		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)			
	Theodore I	emplin	ı					Ang	gela	Warch	ewsk	а			
	19a. INFORMANT'S NAME (7	ype/Print)		T	19b. MAILING	ADDRES	S (Street a	and Numbe	r or Rural F	Poute Number,	City or Tow	n, State, Zij	o Code)		
۲Į	David Lee	Commit	te Sr.		13528	8 You	ıngw	ood 7	Turn	Bowi	e Ma	rylar	nd 2	0715	
	20a. METHOD OF DISPOSIT 1 ☑ Burial 2 ☐ Cremalic		aunt due en Cana-	20b. PLAC	CE OF DISPO	SITION (N	ame of ce	metery, crea	matory or		20c. LO	CATION —	City or Tov	vn, Stata	
	4 Donation 5 Other		Oval Holli State		Calv	ary	Ceme	tery			Whe	elin	g Wes	t Virginia	
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	_		22.	NAME A	ND ADDRE	SS OF FA	CILITY	1 11-		D 4		
- 1	▶ Rulut	5	C'mm-	, P						Funera		-		11 20715	
-	23. PART I. Enter the d	. (	)(U) Vo	o named the	dooth Do				_	_				land 20715	_
- 1	shock, or h	aart fallure.	List only one car	use on aech i	ine.	not ente	r ute mo	or dy	my, suci	n as cardia	c or resp	iratory ar	rest,	Approximata interval Between	
	IMMEDIATE CAUSE (FIR	nei	A						, ,		<u>_</u>			Onset and Death	1
]	disease or condition resulting in deeth)	→	a. ACUTO	= 10n	000	VV	110	306	7-12	IONL	7				
			DUE TO	OR AS A CON	SEOUENCE C	NF):	-	-	٠, ۷		714	4	A		
8	Sequentielly liet condit	ions,	. Con	(OR AS A CON	- / 1 1 0	0,0		OF	11	PVI	7/1	SM	<u> </u>		-
RTIFICATION	if any, leading to imme cause. Enter UNDERLY	diate	1200	MA A	SECTUENCE C	5	05	75		ANI	}			İ	
드	CAUSE (Disease or inju	iry	c. Prog	OR AS A CON	SEQUENCE O	JU	6 -			/ (/- 2	,			-	
	thet initiated events resulting in death) LAS		ATHO	no s	1.01	500	07	-	CA	20,0	UNS	CU	An	1	
			d. 7 1 7 1 -									/	1156	8150	-
	PART II. Other significa	int condition	e contributing to	death but no	ot resulting	in the u	nderlyin	g cause	given in	Part I. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
CAL	TO31	4500	USG	,						.	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	*			-						—   '	☐ 1E9 4	Z   NO		OF DEATH?	
Σ										— I				1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED T	D MEDICAL	1				24 P	LACE OF (	DEATH (C)	eck only one)					-
힐	EXAMINER?	O MEDICAL	HOSPITAL:	7 Ame 2 U.S.		OTHE	R:								-
2	1 YES 2 NO		1 Inpatient 2 28s. DATE Of		28b. Til	100	_	ne 5 ∐ R JURY AT	lesidence	8 Other (S		IN HIPW OC	No in the last		_
		Pending	(Month, I	Day, Year)	200. IN	JURY	W	ORK?	- NO	280. DESCI	TIBE HOW	INJUNT OC	COMED		
B	E PROGRAM	Investigation	200 DI ACE /	OF INJURY At	h t	mbassa dan			_ NO	204 1 0047	ON Charact	and Mumba	a Comit O	hut Munhas	_
		Could not be datarmined		, etc. (Specify)	riome, iemi,	street, rat	AUTY, OTH			City or	Town, State	arrica rvumicie	r or murei m	oute Number,	
	20- CERTIFIED							_							
릴	cont only		ICIAN: To the best o												
COMPLE	2 MED	ICAL EXAMINE	R: On the basis of	examination and	for investigati	lon, in my	opinion,	death occu	ared at the	time, data ar	nd place, a	nd due to t	he cause(a)	) and manner as stated.	
ш	29b. SIGNATURE AND TITLE	OF CERTIFIES	R	-	_			29c, LIC	ENSE NUI	MBER	-	29d. DA	TE SIGNED	(Month, Day, Year)	
9	161	Lan	7	SE	AGG	-02	MI	D	33	75		D 4	5-5	-90	
잍	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAL	JSE OF DEATH (	TEM 27) (Typ	e, Print)			4 4			•			-
	269 0	ren	INSU	LA	FAM	LM	_	RO	AD	AL	2110	CD	M	Q	
	31. DATE FILED (Month, Day,	Mark	22 DECISTR	AR'S SIGNATUR	F					,					-
	St. DATE TIEED (MOTALI, Day,	roury	a Ja. HEGISTH	9 -											
	MAY 08'90	4	Pula Davido	W .											

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	_	FOR STATE
		REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last	t)					2. DATE OF MONTH	DEATH	Y	YEAR	3. TIME OF DEATH
JAMES	CLARENCE	CARPENT	TER	SR.		May	4, 19	90	. = 1"	9:41 am
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last bi		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E			8. BIRTH Count	IPLACE (State or Foreign ry)
242 40 0548	1 🕅 M 2 🗆 F	57	YRS.	The DAYS	NOONS MIN.		26 19	932		th Carolin
9e. FACILITY NAME (If not institution, give	street end number)		9b.	CITY, TOWN	OR LOCATION OF	EATH		9c. COUP	NTY OF D	DEATH
AMI Doctors' Hos	sp. of Pr.	Geo. Co.		Lan	ham			Pri	nce	George's
10a. STATE 10b. COUN	ITY	1	10c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
Maryland Prince	ce George's		Bowi	ie						LIMITS?
10e. STREET AND NUMBER	000280		2011		I. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
8224 Chestnut	Ave.				20715			Unit	ed !	States
11, MARITAL STATUS	12. WAS DECEDENT E		ED D		CENDENT OF HISP				14. RAC	E — American Indien,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 K IF YES, GIVE WAR 1948-1	OR DATES			secify Cuban, Mexic 3 2 🔯 NO Spec		an, etc.)		Spec	white, etc. White
15. DECEDENT'S ED (Specify only highest gra		16a. DECE	DENT'S USU	AL OCCUPATI	ON ost of working	16b. K	IND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)			done during m ired.)	ost or working					
6		Sol	dier			Un	ited	Stat	es A	rmy
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N		-	Surname)		
James Harold Ca	rpenter				Ethel	Mae Sl	oan			
19a. INFORMANT'S NAME (Type/Print)					and Number or Rura					
Catherine E. Car	penter	82	224 Ch	estnu	t Ave. B	owie M	aryla	nd 2	0715	5
20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Re	emoval from State	20b. PLACE OF	DISPOSITION	N (Name of ce	metery, crematory of		20c. LOC	CATION —	City or To	own, State
						T	Cha	1 + an1		Maryland
4 Donation 5 Other (Specify)	3417	Maryla	nd Ve				Cire.	Trem	nam.	nary rand
4 Donation 5 Other (Specify)	LICENSEE	Maryla	nd Ve	22. NAME A	ND ADDRESS OF	ACILITY				naryrand
21. SIONATURE OF FUNERAL SERVICE  Policy E  23. PART I. Enter the diseases, o	or complications that ce. List only one cause	Payend the desti	h. Do not a	22. NAME A Beal 1600 Inter the me	ND ADDRESS OF I 1-Evans OAnnapo	Funeralis Roa	al Horad Boy	me, l	P.A. Mary	land 20715 Approximats Interval Between
21. SIONATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO (O	caused the desti	h. Do not a	22. NAME A Beal 1600 Inter the me	ND ADDRESS OF I 1-Evans 10Annapo oda of dylng, su	Funeralis Roa	al Horad Boy	me, l	P.A. Mary	1and 20715 Approximats Interval Between
21. SIONATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. DUE TO (O	caused the destina.  The same of the same	h. Do not a ENCE OF): ENCE OF):	22. NAME A Beal 1600 Inter the mo	ND ADDRESS OF LI-Evans OAnnapo oda of dying, au	Funeralis Rocch as cardia	al Hotad Box c or reapir	me, I wie I retory srr	P.A. Mary Pest,	Approximats Interval Betwee Onset and Dec
21. SIONATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. DUE TO (O	caused the destina.  The same of the same	h. Do not a ENCE OF): ENCE OF):	22. NAME A Beal 1600 Inter the mo	ND ADDRESS OF LI-Evans OAnnapo oda of dying, au	Funeralis Rocch as cardia	al Horad Boy	me, I wie I retory srr	P.A. Mary Pest,	1 and 20715 Approximats Interval Betwee Onset and Dea
23. PART I. Enter the diseases, o shock, or heart fellun IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions.	b. DUE TO (O	caused the destina.  The same of the same	h. Do not a ENCE OF): ENCE OF):	22. NAME A Beal 1600 Inter the me	ND ADDRESS OF LI-Evans OAnnapo oda of dying, au	Funeralis Roach as cardia	al Hotad Box c or reapir	me, I wie I retory srr	P.A. Mary Pest,	Approximats Interval Betwee Onset and Dec
21. SIONATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart fellum immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (O)  C. DUE TO (O)  DOBE TO (O)  DOBE TO (O)  DOBE TO (O)  DOBE TO (O)  DOBE TO (O)  DOBE TO (O)  DOBE TO (O)	PAS A CONSEQUE	h. Do not a  ENCE OF):  ENCE OF):	22. NAME A Beal 1600 inter the me underlylr 28. F	ND ADDRESS OF LI-EVANS DOAnnapo ode of dying, au	The Part I. 2	al Hotad Box c or respir	me, I wie I retory srr	P.A. Mary Pest,	Approximats Interval Betwee Onset and Dec
21. SIONATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of t	b. DUE TO (O)  c. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)	PRAS A CONSCOULAR AS A CONSCOU	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF):	22. NAME A Beal 1600 Inter the me underlying the underlying the last state of the la	ND ADDRESS OF LI-EVANS OAnnapo ode of dying, au og cause given in the same seldence JURY AT	The Part I. 2  Check only one)	al Hotad Box c or respir	me, I wie I retory sm	P.A. Mary Post,	Approximats Interval Betwee Onset and Dec
23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions or conditions or conditions.  25. Was Case Reference to Medical Examiner?  Yes 2 \( \text{NO} \) No  27. MANNER OF DEATH  1 \( \text{Netural} \) Netural \( 5 \) Pending	b. DUE TO (O)  c. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)	PRAS A CONSCOULAR AS A CONSCOU	ENCE OF):  ENCE OF):  OTTOOA OTTOOA OTTOOA	22. NAME A Beal 1600 inter the me underlying 28. PTHER: Nursing Ho:	ND ADDRESS OF LI-EVANS DOAnnapo ode of dying, au ag cause given in the cause given giv	The Part I. 2  Check only one)	al Hotad Box c or respir	me, I wie I retory sm	P.A. Mary Post,	Approximats Interval Betwee Onset and Dec
23. PART I. Enter the diseases, of shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in the conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO (O)  c. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)	PAS A CONSEQUENT AS A CONSEQUE	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):	22. NAME A Beal 1600 inter the me underlying the underlying to the underlying the	ND ADDRESS OF LI-EVANS OAnnapo ode of dying, au ag cause given in the same same same same same same same sam	The control of the co	44. WAS AN / PERFORM  YES 2	AUTOPSY MEO?	P.A. Mary Pest,	Approximate interval Betwee Onset and De. On



DHMH-16 Rev 1/89

13146,	the same of the same and the same has a same should reddeline
BOX 1	. 4
P.O.	
RECORDS,	
OF VITAL	
DIVISION	
ō	

	5	70		
	pital	Di fe		
	hos	ache		65
	the	det		5
	8	þ		at
	ned	Pho		Bi
	etai	S		븅
	pe	96 5		-
•	nay	pa		2
	9	ctor		Mus
	Page	dire		Jer I
	ath.	пега		텵
	er de	the fu	la .	l exi
	s afti	5	етто.	dica
1	hour	ed in	00.	E
	п 24	ly fill	ation	th e
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE HINERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	Crem	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	cuted	00 p	urial,	lic e
	exe	J an	10 D	mal
	e pe	sicia	rior	trau
	ficat	É	ne p	10
	certi	guip	ygie	otto
	ath	rten	ES H	, 00
	he de	the a	Men	njm
	that t	d by	and r	my
	res	signe	lealth	AS 3
	regu	neen :	0	sho
	WB GW	has t	Dept	23
	11	cate	State	Item
	ICIA	ertifi	the	10
	SHYS	this	With	ked
	ING F	Ther	eath	E
	END	)R: A	ter d	20
	ATT	ECT	S af	n 28
	98	DR	hou	le l
	TAL	RAL	22	=
	SS	UNE	ithir	KN
	1	1	2	SE
-	Fo	10	Ž,	MP.
	- Page	P	P	=

								C	0 14285
	FOR 1 . STATE	STATE OF MARYLA				MENTAL H	YGIENE		
_	REGISTRAR		CERTIFIC	ATE OF	DEATH		EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF D	EATH DAY	1990	(EAR 4 D C 7
	ANTHONY	L.	CLANTON						
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	7. OATE OF B	(Year)		BIRTHPLACE (State or Foreign Country)
	213 88 8042	1 X M 2 D F 26				8-17-	1963		Maryland
_	9e. FACILITY NAME (If not institution, give str				R LOCATION OF DE	ATH			Y OF DEATH
ē	Prince George's G	eneral Hospı	tal	Che	<i>r</i> erly			Prir	nce George's
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON				10d. INSIDE CITY
뜸	Maryland Prince	George's	Bowi	P					1 <sub>X</sub> □ YES 2 □ NO
	10e. STREET AND NUMBER	OCCUPE D	1 2011		ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	13215 Ithan Lan	ıe			20715		i	Unite	ed States
2	11, MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED		ENDENT OF HISPAN			or No- 1	4. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 1 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		2X NO Specify		, with	- 1	Specify:
			82-87			No			White
	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	18a, DECEDENT'S US (Give kind of work Iffe. Do NOT use n	t done during mos stired.)	n st of worlding	16b. KINI	D OF BUS	INESS/INDUS	SIMY
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)		lesman		В	anni	ng	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle	. Malden S	Surname)	
U U	Kenneth R. Clanto	n .			Sonhie	Danas			
0	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	ODRESS (Street a	nd Number or Rural F				(ode)
2	Sophie Alexander		13215	Ithan	Lane Bow	rio Ma	rv10	nd 20	715
	20a, METHOD OF DISPOSITION		PLACE OF DISPOSITI			, Ma			ty or Town, State
	1 57 Burlel 2 Cremation 3 Remo	wal from State Ma	ryland Ve	terans	Cemeter	y	Che	Ltenha	am, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	O AOORESS OF FAC	CILITY	167 506		
	▶ Robert 8	Evans	Pres		11-Evans				Marvland 20715
	23. PART I Enter the diseases, or c								et, Approximete
	ehock, or heert failure. I	List only one cause on ee	ch line.						interval Between Onset and Death
	disease or condition	Multiple	injuries						
	resulting in death)		CONSEQUENCE OF):	,					
z		ō							
ERTIFICATION	Sequentielly liet conditions, If any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
2	CAUSE (Disease or Injury	C	20110501151105 05						
世	that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
CER		1							
	PART II. Other significant condition	s contributing to deeth be	ut not resulting in	the underlying	g ceuse given in	Part I. 24s	. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						15	YES 2		COMPLETION DF CAUSE OF DEATH?
Ä									M YES 2 □ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (Ch	eck only one)			
YSI	1 NO NO	1 Xinpatient 2 - ER/Outp	atient 3 DOA 4	☐ Nursing Horn	e 5 🗆 Residence				
표	27. MANNER OF OEATH  1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	TY WC	RK?	26d, OEŞCRII			
à l	2 Accident Investigation	4-26-90	11:48						uck by auto.
	3 Suicide 6 Could not be 4 12 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec		set, ractory, ome	•	Chy or To	wn. State)		rofton Station
E		road							Control of the Contro
COMPLETED	CONDUM ONLY								nne Arungel Co.
Š	2 25 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation,	In my opinion, o	leath occured at the	time, data and	l placa, an	d dua to the	cause(a) and manner as stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIE	all la	. /		29c. LICENSE NUI	MBER			SIGNED (Month, Day, Year)
10	mans -	selve A	4		OCM	Œ		4-	28-90
-	30. NAME AND AODRESS OF PERSON WH	11	атн шт <b>ім</b> 27) (Туре, Р	rint)			m 3:		D 01001
	Mario F. Golle,	Jr., M.D.	ATURE		111 Penn	st.,	Balt	O., M	D 21201
	31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGN	dall						

08'90

FOR

1 - STATE REGISTRAR

o,	within
BOX 13146,	byanitad
×	2
	riferate
0	6
7.	dansh
3	940
Ĭ	shat
AECC	en militare
	Imake
4	The
OF VI	DUVELOIANT.
VISION OF VITAL RECORDS, P.O.	ATTENDIAG DAVCIOLAN. The law remittee that the death certificate he executed within
_	

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nellie Mae Cartee 9:10 990 4 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign July 17,1903 MONTHS DAYS HOURS 219-66-2163 86 1 M 2 X F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Reeders Memorial Home Washington Boonsboro DIRECTO 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY permit, Pages Maryland Frederick Myersville 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21773 U.S.A. 5012A Harmony Road use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only highest gr should be detached for Elementary/Secondary (0-12) College (1-4 or 8+) Own Home Homemaker 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Flora Harshman John Elmer Bussard 76 notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Betty Jane Brandenburg 28 Foxrock Drive, Myersville, Maryland 21773 9 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) Harmony, Maryland Harmony Cemetery examiner 21, SIGNATURE OF PURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 504 Main Street Ricketts Funeral Home Myersville, MD 21773 atte the the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximata filled in by Interval Between cremation, or Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) DIE TO (OR AS A CONSEQUENCE OF): and completely fi burial, cremation Monic other traumatic event, Cam A CERTIFICATION Dave. Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 8 if any, leading to immediate cause. Enter UNDERLYING physician DUE TO (OR AS A CONSEQUENCE OF): prior **CAUSE (Disease or Injury** nding phy Hygiene that initiated events resulting in death) LAST 10 the atten Mental H 23 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and and AVAILABLE PRIOR TO COMPLETION OF CAUSE signed the 1 TYES 2 NO 1 YES 2 NO has been of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 1 Natural м 1 YES 2 NO BY death After 2 Accident 26a. PLACE OF INJURY — Ai homa, farm, street, factory, offica building, aic. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 3 Suicide 8 Could not be COMPLETED DIRECTOR: J 4 Homicide Hem HOSPITAL OR 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to line cause(a) and manner as stated. FUNERAL I Ξ 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d, DATE SIGNA O (Morth, Day, Year) 8 를 를 들 2650 mo 223 2

Lone

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Julia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAM. The law requires that the death certificate be executed within 24 rooms after death. Page 6 may be retained by the hos	TO THE PLANETIAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Meath and Mental Hygiens prior to buriet, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the modical examiner must be notified at once.
24 60	filled ion, o	the m
e be executed within	sician and completely rior to burial, cremativ	traumatic event, ti
tificat	t sue	bit
9 081	Hyp	0 10
at the desti	by the ama	y injury,
HE III	Health	100
W HO	peen to	릚
10 E	Mag I	m 23
AM: T	Micata State	ille.
YSICI	10 th	9,0
HED	祖が	unte
MICH	A A	10
ATE	1000 E	28
8	DIFFE	E
HOSPITAL	FUNERAL within 72	TANT: II
H	苦夏	POR
15	2 %	3

REGISTRAR		CERTIFIC		DEATH	REG. N	D		
1. DECEDENT'S NAME (First, Middle, Last)	C	trude CARM	ACK		2, DATE OF DEATH MONTH	DAY .	YEAR	3. TIME DF DEATH
Alice 6	Car	mack			04 2	25	90	03:21
4. SOCIAL SECURITY NUMBER	1	100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
214-09-1234	1 □ M 2 🖽 F 8	3 YRS.			Feb. 17,			yland
9a. FACILITY NAME (If not institution, give s		.91	b. CITY, TOWN	OR LOCATION OF DEA	ATH		ITY OF DI	
Washington Count	y Hospital		Hagers	town		Wasl	hing	ton
10a. STATE 10b. COUNT	Υ	10c. CITY, 1	OWN OR LOCA	TION				10d. INSIDE CITY
Maryland Wash	ington	На	gerstov	m				1 ₩ YES 2 ND
10e. STREET AND NUMBER			10	ZIP CODE		10g. CITI	ZEN DF W	HAT COUNTRY?
1031 Corbett Str	eet		2	1740		US	SA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FDRCES? 1 X YE			ENDENT OF HISPANI	C DRIGIN? (Specify Y	es or No-	14. RACE Black	— American Indian, , White, etc.
1 Never Married 2 Narried 3 Widowed 4 Divorced	IF YES, GIVE WAR DR	DATES		2 ND Specify:			Specif	v: ite
15. DECEDENT'S EDU		16a. DECEDENT'S US	HAL OCCUPATI		16b, KIND OF B	HSINESS/IND		ıte
(Specify only highest grade	completed)	(Give kind of world life. Do NOT use n	done during m	est of working	Too. KIND OF B	03111233/1110	031H1	
Elementary/Secondary (0-12)	College (1-4 or 5+)	secreta	arv		publi	shino		
17. FATHER'S NAME (First, Middle, Last)			)	16. MOTHER'S NAM	AE (First, Middle, Maide			
Ezra Fox				Arminta				
19a. INFORMANT'S NAME (Type/Print)	·	19b. MAILING AT	ODRESS (Street		oute Number, City or R	own, State, Zip	Code)	
Woodrow W. Carma	ck	1031 C	orbett	St., Hage	erstown,	Md. 2	1740	
20a. METHOD DF DISPOSITION 12 Burlal 2 Cremation 3 Rem	count from Ctate	other place)			20c. I	OCATION -	Cify or To	wn, State
4 Donation 5 Other (Specify)	NOVAL ITOM STATE	Rest Haven				gerst	own,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	CH FUNER	AL HOME			
Minnich Funer	ral Home					agersi	Lown	, Md. 2174
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Att.	S A CONSEQUENCE OF:  A CONSEQUENCE OF:	cler	0313	retion			
PART II. Other significant condition	na contributing to death	but not resulting in	the underlyin	g cause given in l		N AUTOPSY ORMED? 2 NO	346	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	LUDODITAL.		The second section is a second	LACE OF DEATH (Cho	ick only one)			
1 VES 2 NO	HOSPITAL:		THER:  Nursing Hor	ne 5 🗆 Residence	6 C Other (Specify)			
27. MANNER OF DEATH	28a, DATE OF INJUR (Month, Day, Yea			JURY AT	284. DESCRIBE HOY	N SHTINA OC	CURED	
1 Natural 8 Pending 2 Accident Investigation				YER 2 - NO				
3 Suitable 5 Could not be 4 Homicide determined	26e. PERCE OF INJU- building, etc. (S	RY — Al home, farm, stri	et, factory, offi	•	City or Rown, Ste	et and Number	or Runel	Route Number
294. CERTIFIER   CERTIFYING PHYS	SICIAN: To the best of my kn	owledge, death occurred	at the time, dat	and place, and due	to the cause(s) and o	nenner es etwi	led.	
Colonia mak	ER: On the basis of examine							) and manner as stated
291. SIGNATURE AND THILE OF CERTIFIE				29c. LICENSE HUN	Jane I Carrie - Marcolla			(Morth, Day: War)
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)	1	130	117		0 0
31. DATE FILED (Month, Day, 1987)	32. REGISTRAR'S SI		40	tous	3C (l)	vui.	816	Sport
ALMI 1/		runa Navidson	41					/

permit. Pages 1, 2, 3 should

medical 0 and completely file burial, cremation, the traumatic event, Hygiene prior to burial, signed by the attending physician tealth and Mental Hygiene prior to other 6 shows any Health t, of h has be Dept. 23 Item the 0 with TO THE HOSPITAL OR ATTENDING F TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death 99

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 2, FREDERICK CHESBROUGH JR 1990 LEON May 12:30 P. A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 W M 2 | F YRS. 019-05-7129 73 AUG. MASSACHUSETTS 3. 1916 9a. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR St. Mary's Hospital Leonardtown St. Mary's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY MARYLAND ST. MARY'S COLTONS POINT 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? RIVERVIEW DRIVE 20626 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XX YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 X Married Specify: WHITE BY 3 Widowed 4 Divorced W.W.II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10 REPATRMAN AUTO BODY & FENDER at once 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) FREDERICK LEON CHESBROUGH, SR. SOPHIA DRUMOND BE 60 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 MRS. LANE S. CHESBROUGH RIVERVIEW DRIVE, COLTONS POINT, MD. 20626 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State ROCK SPRINGS CEMETERY en 5 🗆 Other/Sp 4 Donath FABER, VIRGINIA 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME P.O. BOX 279, LEONARDTOWN, MD. 23. PART I. Enter the diseases, or compligations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition\_ CARPIO RESP FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CARDIO MYGRATHY CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING ADVANCED CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
11 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 - YES 2 - NO 4 🗌 Nursing Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 🖾 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide IMPORTANT: If Item 28 determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Your) 29c. LICENSE NUMBER BE 90 D33470 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN'SE OF DEATH (ITEM 27) (Type, Print)

Leonardtown. Md. 20650

Jhaveri.

31. DATE FILED (Month, Day, Year)

MAY

190

4

M.D.

32. REGISTRAR'S SIGNATURE

cha Davidson-Randall

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)  Naomi Virginia Colem 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1			NO.					
		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH				
	man	April 9	100	6:45 a M				
4. SOCIAL SECURITY NOMBER 5. SEX 6. AGE (IN yrs. last birthoay)		7. DATE OF BIRTH	6. B	HRTHPLACE (State or Foreign				
216-05-6891 1□ M 2 以 F 72 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year 07/19/	17 R	ock Hall MD				
210-03-005	TOWN OR LOCATION OF I		9c. COUNTY					
Corsica Hills Nursing Home Cent	en Anne's							
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR	R LOCATION			10d. INSIDE CITY				
Maryland Kent Che	estertown			1 YES 2 NO				
10e. STREET AND NUMBER	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
	2162	0	U	.S.A.				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS	AS DECENDENT OF HISP	NIC ORIGIN? (Specify	Yee or No- 14.	RACE — American Indien, Black, White, etc.				
	yes, specify Cuban, Mexic ☐ YES 2 ☆ NO Spec			Specify: White				
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCC		16b. KIND OF	BUSINESS/INDUST					
(Specify only highest grade completed) (Give kind of work done du	luring most of working							
Elementary/Secondery (0-12) College (1-4 or 6+)		CI	nild Car	ro				
17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER'S N	AME (First, Middle, Mai						
00-10 See 100 1 20 Indian								
Edward Coleman  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (	(Street end Number or Rura	Apsley	Town State 7in Cod	(e)				
417-317- 011-1-011								
Helen Knott Box 64 ½ H			LOCATION — City					
1∑ Burial 2 ☐ Cremation 3 ☐ Removal from State other place)								
4 Donation 6 Other (Specify) Wesley Chape	el Cemete		ock Hal	l, Maryland				
Y / / / / To	om Helfen	bein Fur		•				
				MD 21619				
shock, or heart fallure. List only one cause on each line.								
IMMEDIATE CAUSE (Final	1115	C 11	7_	Onset and Death				
	UD,	C.H.	7.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,	UD,	C.H.	7.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate	UD,	C.H.	7.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury	UD, Lites /	C.H. Keelile	7. u					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING  CAUSE (Please or calling to immediate couse. Enter UNDERLYING C.	UD, Lites /	C.H. Kas Nellih	J.,					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	UD, umon	C.H. Kes Nellih	7. u					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Ltes /		S AN AUTOPSY	Onset and Death 5 40 4 2 days 5 40.  24b. WERE AUTOPSY FINDINGS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Les /	PE	RFORMED?	2 days  2 days  5 yrs  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	umon	PE		2 days  2 days  5 yrs  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	umon Lites /	PE	RFORMED?	2 days  2 days  5 yrs  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):		1 T YE	RFORMED?	2 days  2 days  5 yrs  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the understanding the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting in the understanding to the conditions contributing to death but not resulting to the conditions contributing to death but not resulting to the conditions contributing to death but not resulting to the conditions contributing to death but not resulting to the conditions contributing to the conditions contributing to death but not resulting to the conditions contributing to death but not resulting to the conditions contributing to the conditions contributing to the conditions conditions contributing to the conditions conditions conditions conditions conditions	26. PLACE OF DEATH (	PEI 1   YE	RFORMED?	2 days  2 days  5 yrs  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The part of the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions c	26. PLACE OF DEATH (	PEI 1 VE Check only one) 6 Other (Specify)	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The part of the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions contributing to death but not resulting in the understand the significant conditions c	26. PLACE OF DEATH ( R: sing Home 6   Reeldence 28c. INJURY AT WORK?	PEI 1 VE Check only one) 6 Other (Specify)	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: sling Home 6  Reeldence 28c. INJURY AT WORK? 1  YES 2  NO	Check only one)  6 G Other (Specify)  26d. DESCRIBE H	REORMED? S 2 \( \text{NO} \)  DW INJURY OCCUR	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: sling Home 6  Reeldence 28c. INJURY AT WORK? 1  YES 2  NO	Check only one)  6 G Other (Specify)  26d. DESCRIBE H	S 2 NO  DW INJURY OCCUR	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: sling Home 6  Reeldence 28c. INJURY AT WORK? 1  YES 2  NO	Check only one)  6 Other (Specify)  26d. DESCRIBE Hi	S 2 NO  DW INJURY OCCUR	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: sing Home 6   Reeldence 28c. INJURY AT WORK? 1   YES 2   NO ory, offica	Check only one)  6 Other (Specify)  28d. DESCRIBE HI  28f. LOCATION (Si City or Town, Si	DW INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: sing Home 6   Reeldence 28c. INJURY AT WORK? 1   YES 2   NO ory, offica	Check only one)  6  Other (Specify)  26d. DESCRIBE HI  28f. LOCATION (Sinch of Town, Sinch of To	DW INJURY OCCUR reet and Number or Istate)  I menner ee stated. s, and due to the co	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: sing Home 6   Recidence 28c. INJUY AT WORK? 1   YES 2   NO ory, offica  ime, date end place, end opinion, death occurred at to	Check only one)  6 Other (Specify)  26d. DESCRIBE Hi  26f. LOCATION (Si City or Town, Si  ue to the cause(e) enche time, data and place  UMBER	DW INJURY OCCUR reet and Number or Istate)  I menner ee stated. s, and due to the co	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: ling Home 6  Reeldence 28c. INJURY AT WORKY 1  YES 2  NO ory, office  ime, date end place, end depinion, death occured at t  29c. LICENSE N  D123	Check only one)  6 G Other (Specify)  28d. DESCRIBE HI  28f. LOCATION (Si City or Town, Si use to the cause(e) enche time, data and place  UMBER  45	DW INJURY OCCUR  reet and Number or I  menner ee stated. a, and dua to the co	Onset and Death  5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	26. PLACE OF DEATH ( R: sing Home 6   Recidence 28c. INJUY AT WORK? 1   YES 2   NO ory, offica  ime, date end place, end opinion, death occurred at to	Check only one)  6 G Other (Specify)  28d. DESCRIBE HI  28f. LOCATION (Si City or Town, Si use to the cause(e) enche time, data and place  UMBER  45	DW INJURY OCCUR  reet and Number or I  menner ee stated. a, and dua to the co	Onset and Death  5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				

DHMH-16 Rev 1/89

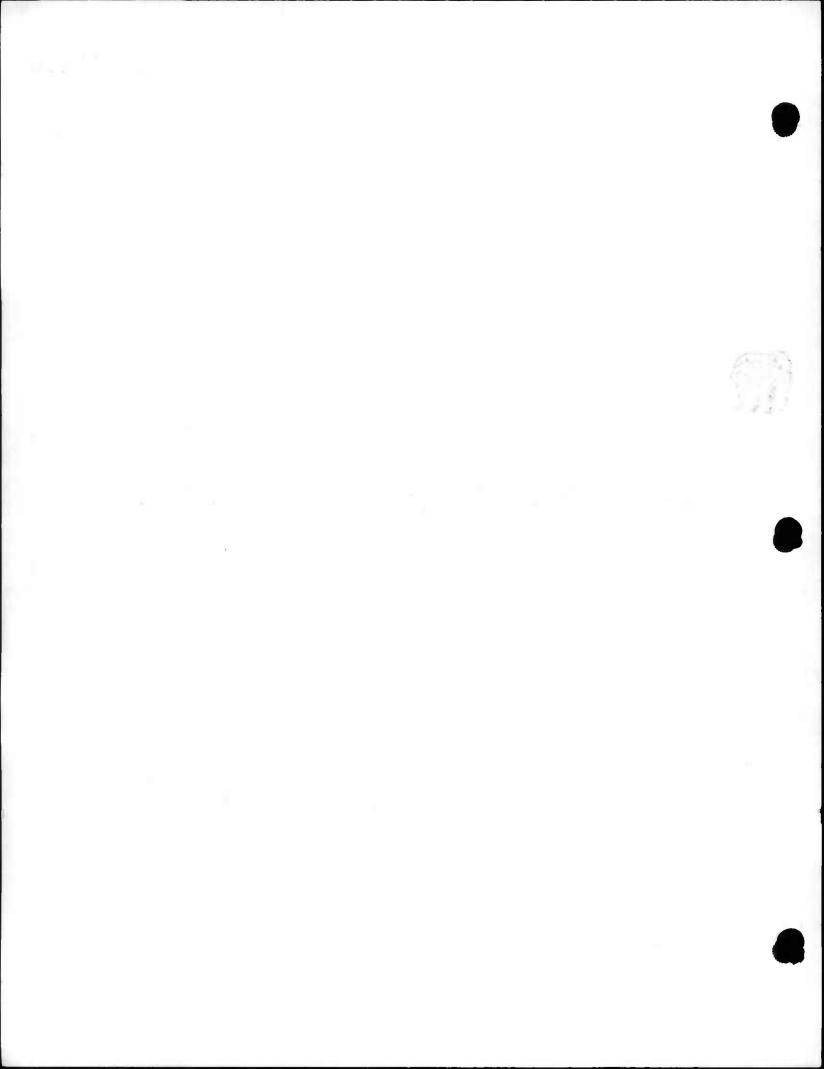
731203-3146

BALTIMORE, MA

leath.	funer	жаш
after (	y the	caie
Ours	d in l	nedi
24 0	filled ion. (	the r
vithin	pletely	ent,
uted v	com	C ev
execu	and ot	mati
e pe	Siciar	trau
tifical	g phy	ther
th cer	Hva	0 0
e dear	Nenta	ury,
at the	by th	y in
es th	gned	S an
requir	of H	how
W.	as be	23
The	tate h	E
ICIAN	the S	0
PHYS	this (	rked
DING	After	Ш
TEN	TOR:	28 18
OR AI	JIREC	E
M	AL C	=
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer has acted within 72 hours after death with the State Deat of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
黑	THE !	PORT
2	22	2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	Wanda L. CHE	4 25	90 4/3 P 11					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 1 \( \text{ M 2 \text{ \text{ / F}}} \)	AGE (In yrs. lest birthday) IF 62 YRS.	7. OATE OF BIRTH (Month, Day, Year) 01-06-28	6. BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (if not institution, give street and number)	91	. CITY, TOWN OR LOCATION OF D		OUNTY OF DEATH			
HOY	Greater Laurel Belts. Hospi	tal	Laurel	Pr	ince George			
Ä	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY LIMITS?			
百	Maryland Anne Arundel	Laur	el		1 TYES 2 TO NO			
FUNERAL DIRECTOR	3273 Sudlersville South		101. ZIP CODE 20724	- 15	USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 1 PORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify hite			
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S US	UAL OCCUPATION	16b. KINO OF BUSINESS/	INOUSTRY			
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)		done during most of working etired.)					
COMPLETED	12 0	Homemake	r	Home				
Š	17. FATHER'8 NAME (First, Middle, Last)			AME (First, Middle, Meiden Sumam	e)			
BE C	William Odam		Mar	y Williams				
	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rura					
임	Michael Cherer	3273 Su	idlersville Sou	ith Laurel, M	D 20724			
	20e. METHOD OF PISPOSITION 1 □ Burlal 2 10 Cremation 3 □ Removal from State		ON (Name of cemetery, crematory or		— City or Town, State			
	4 Donation 5 Other (Specify)	I BM C	rematory		1, Maryland			
4	21. SIGNATURE OF PLAKENAL SERVICE LICENSEE	. \	22. NAME AND ADDRESS OF F		rel, Md 20707			
	shock, or heart failure. Liet only one cause  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (06)		Vascular	acciden	interval Batween Onset and Death			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cevel 10 Vascular accident  OUE TO (OR AS A CONSEQUENCE OF):  Accellerated hyperteusian  Due TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):							
2	DARYT II. Other clerifficant conditions contribution to de	-45 5	Mar	Bank I as was susuana				
PHYSICIAN: MEDICAL	PART if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO							
AN	25. WAS CASE REFERRED TO MEDICAL							
o l	EXAMINER? \ HOSPITAL:	_   c	26. PLACE OF DEATH (COTHER:	heck only one)				
₹	1 YES 2 NO 1 Inpetient 2 E		□ Nursing Home 5 □ Residence  DF 28c. INJURY AT 4.1 / A	8 Other (Specify)  28d. DESCRIBE HOW INJURY	OCCUPEO			
ВУ РЬ	1 Netural 5 Pending 2 Accident Investigation			Zea. Describe How INSURY	J/A-			
	3 Suicide 6 Could not be 4 Homicide determined	NJURY — At home, farm, atre :. (Specify)	A-	261. LOCATION (Street and Nun City or Town, State)	mber or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of exam							
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER RIFA K. Sheeth MS	) .	D - 2	JMBER 29d. ►	DATE SIGNED (Month, Day, Year) 4/25/90			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 14333 Lawel - Bow		wit 300 L	and MD	20708			
- 1								



MAND 21203-3146

BALTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu TO BE COMPLETED BY PHYSICIAN: MEDICA

	1. DECEDENT'S NAME
	4. SOCIAL SECURITY
	217 28 32
	9e. FACILITY NAME (#
8	GREENBE
5	RESIDENCE OF 10e. STATE
	1
3	Maryland 100. STREET AND NUI
HA I	1
	5526 Ka
2	11. MARITAL STATUS 1 Never Merried
BY	3 ☐ Widowed 4 💢
	15
	(Specification)
2	12
<u> </u>	17. FATHER'S NAME (F
ပ် 	WILLIAM
H H	19e. INFORMANT'S NA
일	TRACY L.
	20e. METHOD OF DISI 1 X Burlel 2 □ Cre
- 1	1 X Burial 2 Cre 4 Donation 5
	21. SIGNATURE OF FU
	· Me
┪	23. PART I. Enter
	shock,
- 1	IMMEDIATE CAUS diseese or conditi
	reculting in deeth
_	
6	Sequentielly list c
Ă	If any, leading to cause. Enter UND
띮	CAUSE (Diseese of that initieted even
F	resulting in deeth
벙	
ادِ	PART II. Other alg

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			ENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	ot, Middle, Lest) WILLIAM FLOYD COLLINS, JR. 2. DAT						3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 179	BIRTHPLACE (State or Foreign	
217 28 3213			ONTHS DAYS	(Month, Day, Year) Dec. 28,1		Country) [ARYLAND		
9e. FACILITY NAME (If not institution, give	street and number)	9	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
GREENBELT NURSI	NG HOME-CENT	ER	GREENB	ELT		PRINC	E GEORGES	
10e. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	E GEORGES	NEW	CARROL				1 X YES 2 NO	
10e. STREET AND NUMBER				I. ZIP CODE			OF WHAT COUNTRY?	
5526 Karen Elai	ne Drive	N U.S. ARMED		20784 ENDENT OF HISPANIC	C ORIGIN? (Specify Yea		D STATES  RACE — American Indian, Black, White, atc.	
1 Never Merried 2 Merried	FORCES? 1 TY YES	2 NO		ecity Cuben, Mexicen, 2 XNO Specify:	Puerto Rican, etc.)		Specify:	
3 Widowed 4 Divorced  15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	LIAL OCCUPATI	04)	16b. KIND OF BUS		Black	
(Specify only highest grade		(Give kind of wor life. Do NOT use i	rk done during mo retired.)	ost of working	168. KIND OF BU	INESS/INDUS	INT	
12	4	STAFF SGI	C,COMMU	NICATIONS	U.S. AI	R FORC	E	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Maiden	Surname)		
WILLIAM F. COLL  190. INFORMANT'S NAME (Type/Print)	INS, SR.	405 MAII INO AI	DDDESS (Chart	ROSA TH	OMAS oute Number, City or Tow	- State Tin Co	and and a	
TRACY L. COLLINS	(DAUGHTER)	-0.			New Carro			
20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT					or Town, State	
1X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 5			ETERANS CEMETERY CHELTENHAM MARYLA					
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- June	ALEXA	NDER S. P	ILITY OPE FUNER.	AL H O	ME	
mey s	Jope 1	7 M859	2617	Pennsylva	nia Avenu	s.E	DC 20020	
23. PART I. Enter the dieseses, or shock, or heart fellure.	List only one cause on		t enter the mo	ode of dying, such	es cerdiec or resp	ratory erres	Interval Between	
IMMEDIATE CAUSE (Finel disease or condition	FRASIANI	of twa	chea i	with hours	otysis, nes	inter t	eiler 15 min	
reculting in deeth)	OUE TO (OR AS	A CONSEQUENCE OF):	Mese (	1	4		artage 10 ann	
Sequentially list conditions,	· Squarneus C	El cercine	ma of	une with	local ex	teusian		
If any, leading to immediate cause. Enter UNDERLYING	CICCULATION OF AS	A CONSEQUENCE OF):	0	,				
CAUSE (Diseese or Injury that initieted events	QUE TO (OR AS	A CONSEQUENCE OF):					1	
resulting in deeth) LAST	d							
PART II. Other algnificent condition	ne contributing to death	but not resulting in	the underlyin	g ceuse given in f	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
					PERFO	V -	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
					_	•	1 YES Z NO	
25. WAS CASE REFERRED TO MEDICAL			00.0	LACE OF DEATH ON				
EXAMINER?	HOSPITAL:		OTHER:	ne 5 Reeldence 8				
27, MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HOW	NJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation	1 Natural 5 Pending (Month, Day, Year)   INJURY WORK?							
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Fown, State)								
- Could like be	28e. PLACE OF INJUR	Y — At home, farm, str					Rural Route Number,	
4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	soffy)	eet, factory, offi	CO	City or Town, State		-1-00-ID-00-	
4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	28e. PLACE OF INJUR building, etc. (So	wiedge, death occurred	act, factory, offi	e and place, and due t	City or Town, State	nner ee atated		
4 Homicide determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28e. PLACE OF INJUR building, etc. (Sp. SICIAN: To the best of my kno- IER: On the basic of examinati	wiedge, death occurred	act, factory, offi	e and place, and due t	City or Town, State	nner ee atated	cause(e) end menner ee stated.	
4 Homicide determined  29e. CERTIFIER (Check only 1 CHTIFYING PHYS	28e. PLACE OF INJUR building, etc. (Sp. SICIAN: To the best of my kno- IER: On the basic of examinati	wiedge, death occurred	act, factory, offi	e and place, and due t	City or Town, State	nner ee atated		
4 Homicide determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno- IER: On the basis of examinati	wiedge, death occurred on end/or investigation,	at the time, dat	e and place, and due to death occured at the to 29c. LICENSE NUM	City or Town, States to the cause(e) end me time, dete end pisce, ei BER	nner ee atated	cause(e) end menner ee stated.	
4 Homicide determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND THISE OF CERTIFIE	28e. PLACE OF INJUR building, etc. (So SICIAN: To the best of my kno IER: On the basis of examinati ER HO COMPLETED CAUSE OF D	wiedge, death occurred on end/or investigation,	at the time, dat	e and place, and due to death occured at the to 29c. LICENSE NUM	City or Town, States to the cause(e) end me time, dete end pisce, ei BER	nner ee atated	cause(e) end menner ee stated.	

108.

.

\*

A 100 Jr 537

7

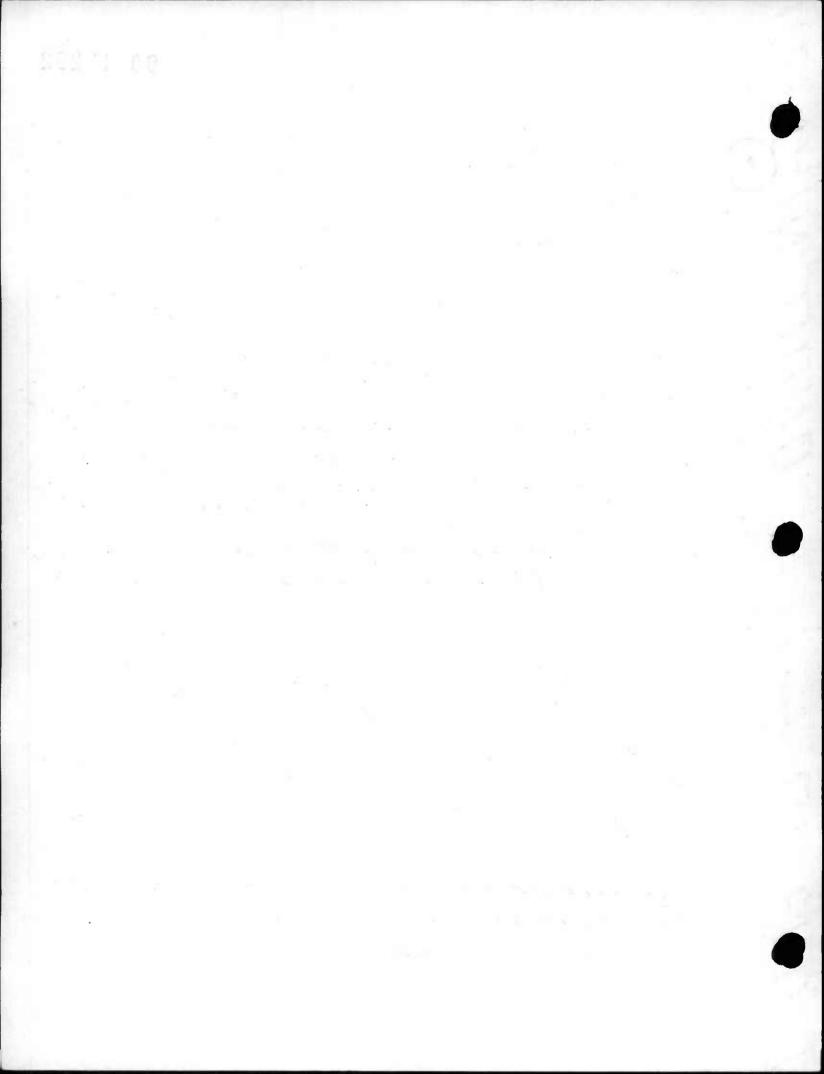
1 No. 10 - 5

1	-	STATE REGISTR	AF
	1. D	ECEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	RTIF	ICATE	OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE	CARTER					2. DATE OF DEATH MONTH MAY 1	DAY	1990 3. TIME OF DEATH 9:30 A. M			
	4. SOCIAL SECURITY NUMBER 577-01-3122	6. SEX 6. AGE (In yrs. last birthday  1 \( \text{M} \) 2 \( \text{X} \) F  80  YRS.				1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea OCT.15,	DATE OF BIRTH (Month, Day, Year)  CT.15,1909  8. BIRTHPLACE (State Country) WASHINGTO			
OR	12604 DENLEY ROAD	9a. FACILITY NAME (If not institution, give street and number)  12604 DENLEY ROAD						EATH		ONTG	OMERY	
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION				10d. INSIDE CITY	
	MARYLAND MON		SI	LVER	-					1 YES 2 NO		
FUNERAL	12604 DENLEY ROAD			101	20906			ISA	WHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. AR YES 2 THE WAR OR DATES	MED		t yes, sp		NC ORIGIN? (Specify in, Puerto Ricen, etc. y:		Spec			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +	(G	ive kind of Do NOT u	se retired.)	during mo	st of working	16b. KIND OF	BUSINESS/II		CASTAN	
In	12		TEL	EPHO	NE OF	ERA						
	17. FATHER'S NAME (First, Middle, Last)  W. H. KULLMAN						ZERA	ME (First, Middle, Ma BEACH	iden Surname,	)		
7	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a		Poute Number, City or	Town State	Zin Code)		
2	DAVID E. CARTER	(SO						T SILVER			. 20902	
	20a. METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremetion 3 🗆 Ren				metery, cremetory or		LOCATION -					
	4 Donation 8 Other (Specify)				METERY BRENTWOOD, MARYLAND							
	23. PART I. Enter the diseases, or	Foller	2		FR 50	ANC 00 U	NIVERSIT	LLINS FU	. SII	SPR	, INC.	
CERTIFICATION	shock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Cause. Enter UNDERLYING CAUSE (Disease or Injury of the cause of the											
	thet initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
I	PART II. Other significent conditions contributing to death but not resulting in the underlying cause after in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 WAS								Y 24	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?		
											1 YES 2 NO	
	25. WAS CASE REFERENCE TO MEDICAL					26. PI	LACE OF OEATH (C/	eck only one)				
	EXAMINER?	HOSPITAL:	ER/Outputient 3	□ DOA	OTHER 4   Nun	3:		8 Other (Specify				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D	NJURY ay, Year)	28b. Till IN		28c HV.	URY AT ORK? YES 2 NO	28d. DESCRIBE H		OCUREO		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	ome, farm,	street, fact	ory, offic	in	281. LOCATION (S City or Town,	261. LOCATION (Street and Number of Rural Route Number, City or Yown, State)					
2011	(orioon orin)	SICIAN: To the best of ER: On the basis of a									(a) and mariner as stated.	
200	296. SIGNATURE AND TITLE OF CENTIFIE	Be	as	4	7		29c. LICENSE NU	MBER 85	29d. D	ATE SIGNE	(Month, Day, Year)	
	36. NAME AND ADDRESS OF PERSON W	BISK	SE OF DEATH (ITE	M 27) (Typ)	3 C	52	59114	Anes	hea	45	son No Ke	
	31. DATE FILED (Month, Day, Year) MAY 1 6 90	32. REGISTRA	Pavidson A	andop	)							





		ges 1, 2, 3 should		
	E	sit permit.	)	
VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicish. Land	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached for use as the burial-ta-sit permit. Pages 1, 2, 3 should	ith and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECC	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been sign	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows

	FOR STATE REGISTRAR		STATE OF M	IARYLAN				EALTH AND I	MENTA	L HYGIEN REG. NO.		90	142	.93
		MIKE	Cricka	end					MON'			90	3. TIME OF DEAT	PM
	4. SOCIAL SECURITY NUMB		5. SEX	5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS. 7. DA (M.   M.   M.   M.   M.   M.   M.   M.						of BIRTH wth, Day, Year) -14-24		Country	Virgin	
	9a. FACILITY NAME (If not in		treet and number)			9b. CIT	Y, TOWN	R LOCATION OF DI	EATH			ITY OF OE		
DIRECTOR	R. Adams (	ns Cowley Shock Trauma Co				r Ba	1tim	ore,			Ba1	timo	re City	
REC	10+. STATE	10b. COUNTY	Y			CITY, TOWN							10d. INSIDE CITY	
	Maryland	Carr	arroll			Westm		ZIP CODE			the CITI		I VES 2 X	NO
FUNERAL	763 Old Mar	chest	er Road				"	21157					tates	
N.	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U	I.S. ARMED	13		ENOENT OF HISPAI			or No-	14. RACE Black,	- American Indi- White, atc.	en,
ВУ	1 Never Married 2 12 3 Divo		IF YES, GIVE W	AR OR DATE	ES			2 NO Specif		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specify	hite	
		EDENT'S EDU highest grade	CATION	-	8a. DECEDEN (Give kind	ot work done	during mo	ON st of working	16	b. KIND OF BUS	SINESS/IND			
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 -	)		kind at work done during most of working NOT use retired.)  Education								
OM	17. FATHER'S NAME (First, M	iddle, Last)	7		Tea	CHEL		18, MOTHER'S NA	AME (First,			.011		
BE C	Patrick Eu		rickard					At				ple		
5	19a. INFORMANT'S NAME (7		lev Cric	kard				nd Number or Rural Dester Ro					n 2115	57
	20a. METHOD OF DISPOSITION 20b. PLACE							netery, crematory or	y, crematory or 20c. LOCATION — City or Town, State					-
	4 Donation 5 Other	(Specify)		Va	lley I			Cemeter		Val1	Ley H	ead,	WV	
	21. SIGNATURE OF PURERA	est	A. Me	er	2	M	yers	o address of fa Funeral lis Stre	Home	e Westn	ninst	er, N	1D 21	157
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eert fellure. nel	a. Sep 5	se on eec	h line.				ch ss ca	rdiac or respi	retory ari	rest,	Approxim Interval B Onset end	atween
CERTIFICATION	Sequentielly list condit if any, leading to imme ceuse. Entar UNDERLY CAUSE (Disesse or Inju- that Initiated events resulting in death) LAS	CONSEQUENCE		): ):										
7	PART II. Other algolitics	ent condition	na contributing to	deeth but	not reaulti	ng In tha	ınderlyin	g causa given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY F	
MEDIC/	Palang	Lol	Vent !	Suppu	·VI		COM				COMPLETION OF OF DEATH?			
	- multip	le	yelvina										1 TES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED T		was no w	n i who	PY	291 834	26. P	LACE OF OEATH (C)	heck only	one)				
YSIC	t VES 2 NO		HOSPITAL:	ER/Outpet	lent 3 🗆 DO	OTHE	ER: ursing Hon	ne 5 🗆 Residence	8 🗆 Ott	her (Specify)				
	27. MANNER OF DEATH  1 Natural 5	Pending	28a. DATE OF (Month, E	ay, Year)		TIME OF INJURY	W	PURY AT DRK? YES 2 NO	28d. O	ESCRIBE HOW	NJURY OC	CUREO		
Э ВУ	2 Accident 3 Suicide 6	Investigation Could not be	28e. PLACE C	F INJURY -	- At home, fai	m street to				CATION (Street ty or Town, State)		or Rural R	oute Number,	
	4 Homicide	detarmined	bullarity.	etc. (Specify	"					ly or lown, State,				
COMPLETED	one)		ER: On the best of e										and manner as	stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	ER .					29c. LICENSE NU	IMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
TO B	Samuel	8. 6	V ilson	m	0									
	30. NAME AND ADDRESS O	r Person Wi	HO COMPLETEO CAU	SE OF DEAT	TH (ITEM 27) (	Type, Print)								
31. DATE FILEO (Month, Day, Year)  32. REGISTRAS'S SIGNATURE  MAY 15 '90   Gulio Davidson - Randelle														

	喜
ဖွ	3
3146	Surfer Surfer
~	998
×	2
BOX 13146	rtificate
	ertif
~	eath ce
, P.O.	
	the
2	that
9	res
RECORD	law requires that the d
Œ	WE
ITAL	The la
E	
>	HYSICIAN
U.	S
I OF V	
Z	ING I
0	TENDIN
DIVISION	
2	OR A
	_

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Item: 3 per	ME G-665	7/5/90	reb								JU	142	94
	FOR 1 - STATE	STATE OF I	MARYLAND						MENTAL	HYGIEN	E			
	REGISTRAR		С	ERTIF	ICATE	E OF	DEA.	ГН		REG. NO.				
i	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH DA		YEAR	3. TIME OF DEAT	ni A M
ŀ	DAVID WILLIAM				CAR	LISI	E		5 11 90 3:57					1111
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		DE BIRTH Day: Year)		8. BIRTI	HPLACE (State or Fo	oreign
- 1	578-86-4765	<u>M</u> X M 2 □ F	21	YRS.	MONTHS	LIATE	ноона			h 20,1	969		ryland	
	9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF OE	ATH		9c. COU	NTY OF D	EATH	
R	Center Way &	Rhodes A	venue			Gait	hers	burg			Mon	tgon	nery	
DIRECTOR	RESIDENCE OF DECEDENT	Take as					-							
2	10a, STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?	I
	Maryland Montgomery						ersh						1 TYES 2 X	NO
₹	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?	
FUNERAL	19319 Keymar Way						208	79			Uni	ted	States	
5	11. MARITAL STATUS		T EVER IN U.S. A						IIC ORIGIN	? (Specify Yea	or No-	14. RAC Blac	E — American India k, Whita, atc.	en,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	110				Specify		nomi, ato.)		Spec		
													nite	
E	15. DECEDENT'S EOU (Specify only highest grade		16a. D	ECEDENT'S Give kind of b. Do NOT u	work done	during mo	ON ast of world	ng	16b.	KIND OF BUS	INESS/IND	DUSTRY		
iu	Elementary/Secondary (0-12)	ndary (0-12) College (1-4 or 5+)							N	ationa				
₽ P	12	_		Cle	rk							es c	of Health	n
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, A	fiddle, Maiden	Surname)			
BE	William E	. Carlis	le					Dawn	Hil	1				
0	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILIN	ADDRES	S (Street a	and Numbe	r or Rural F	Route Numb	er, City or Town	n, State, Zip	Code)		
-	Mrs. Dawn H. Carl	isle		19319	Key	mar	Way,	Gai	ther	sburg,	MD.	20	879	
	20a. METHOD OF DISPOSITION 1 ☒ Burlal 2 ☐ Cremation 3 ☐ Ram	ovel from State	20b. PLACE	OF DISPO	SITION (N	ame of cer	metery, crea	matory or		20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Other (Specify)	Over Holli Guide		klaw	n Mer	noria	al Pa	ark		Roc	kvill	e,	Maryland	Į
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc., 300 W. Montgomery						eral			
	mind. a. C	a Kit	to	. 40	H	ome/	Rock	vill	e, I:	nc., 3	00 W	. Mc	ntgomery	y
	MUCHILL	- JRIII	M003					ockville, Maryland 20850						
	shock, or heart fallure.				o not anter tha moda of dying, such sa cardisc or respiratory arrest,  Approximately interval					Interval B	letween			
	IMMEDIATE CAUSE (Final				Onset and					d Desth				
	disease or condition resulting in death)		hot Wour			d								
		OUE TO	OR AS A CONSI	EOUENCE (	OF):									
Z	Sequentially list conditions,	b												
CERTIFICATION	If any, leading to immediate	DUE TO	OR AS A CONSI	EOUENCE (	OF):									
2	cause, Enter UNDERLYING CAUSE (Disease or injury	c												
# 1	that initiated events resulting in death) LAST	OUE IC	OR AS A CONSI	EOUENCE (	XF):								i	
E I		d												
	PART ii. Other significent condition	ne contributing to	death but not	resulting	In the u	nderlyln	g ceuse	given in	Part i.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY F	INDINGS
MEDICA										PERFOR			COMPLETION OF	
					-				_	1 X YES 2	□ NO		OF DEATH?	
Σ									—	(Head	Only	)	1X YES 2	NO
A S	- Inc 0105 05550050 70 HEDIOL													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only or	16)				
PHYSICIAN:	1 X YES 2 NO		☐ ER/Outpatient		4 🗆 Nu	reing Hon		lasidence	6 X Othe		Sce	_		
표	27. MANNER OF DEATH  1 Netural 5 Pending		FINJURY FOUL	25b. TH	ME OF	W	JURY AT DRK?		10100000	CRIBE HOW I				
B	1 Natural 5 Pending 2 Accident Investigation		1-90	3:4			YES 2	X) NO		ject :				
	XX XSuicide 6 Could not be	28e. PLACE building	OF INJURY — At I , atc. (Specify)				00		28f. LOC City	ATION (Street or Town, State)	Cen	r or Rural	Route Number, Wav &	
	4 Homicide detarmined			park	ed c	ar			Rho	des Av	e., l	Mont	gomery (	Co.,
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge, o	death occur	rred at the	time, date	a and plac	e, and dua	to the car	use(a) and ma	nner as sta	ted.		MD
COMPLETED	one) 2 XX MEDICAL EXAMINI	ER: On the basia of	exemination and/o	r investigat	ion, in my	opinion,	death occu	ared at the	time, date	and place, ar	d dua to ti	he cause	(a) and manner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	P		_			29c. LIC	ENSE NUI	MBER		29d, DAT	TE SIGNE	D (Month, Day, Year)	)
BE	$M_{\Lambda}$	JW>									•		12-90	
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	USE OF DEATH AT	EM 27) (7/m	e, Print1			OCI	VIE.			J-	12-30	
	Ann M Dixon,		•		. ,	Don	n c+	reet	Ra	ltimor	- M	ם מ	1201	vl
- 1	TATT THE DIVOITY	1.D. 1 DC	rucy CII.	سدت	طرط والد	TCI	טו בע	エーニィ	, Da	TOTHOT	C 1 11	J 4	, <u>_</u>	V ⊥



MAY 1 4 90

32. REGISTRAR'S SIGNATURE
Sulia Davidson Randall

187

.

,	8	W 0	133
	8	ician lor t	rau
	icate	phys ie pi	10
	Sertif	ing	40
	5	E H	9
6	dea	e att	Z
	the	長り	E
	hat	30	2
	Se	afth	10
)	THE SE	F F	OWO
	8	of of	45
	M.B.	Dept 1	23
	E P	ate ate	E
	×	St	1 18
•	3	the	0
	SHA	this with	ked
-	NG	ter	mar
)	9	A	85
)	HE	afte	28
	A H	IRE (	2
)	7	2 2 2	III.
	Ed	ERA n 7	P
	HOS	FUN	TAN
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exc	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to 1	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traums
	2	2 3	3

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.		
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			ME OF DEATH
1	JOSEPH FRANK	CATARDEC	F		MAY 12		PAR	4:50 P
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN			E (State or Foreign
148-01-5223	1 x M 2 □ F 75	YRS.	ONTHS DAYS	HOURS MIN.	DEC 15	)	Country)	JERSEY
9a. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
NATIONAL NAVA	L MEDICAL CE	NTER	BF	THESDA		MON	TGOME	RY
						1 11011		
10e. STATE 10b. COUNT	ſΥ	10c. CITY,	TOWN OR LOCA	FION			10d.	INSIDE CITY
MARYLAND MO	NTGOMERY		OLNEY				1	YES 2 NO
10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
2012 KING HITTE	W DDTIID				0000		TTD 01	
3812 KING WILLIA	12. WAS DECEDENT EVER I		T 40 1110 000		20832		TED S	
1 Never Married 2 Married	FORCES? 1 X YES				NIC ORIGIN? (Specify an, Puerto Ricen, etc.		Black, Wh	mericen Indien, Ite, etc.
3 V Widowed 4 Divorced			1 TYES	2 NO Specif	ly:		Specify:	
A	1943 - 19	T	1					VHITE
15. DECEDENT'S EDU (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S US (Give kind of wo	rk done during me	ON ost of working	16b. KIND OF	BUSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)	ille. Do NOT use	retired.)					
1-12	5+	U.S.	NAVY		DE	FENSE		
17. FATNER'S NAME (First, Middle, Leet)				18. MOTNER'S NA	AME (First, Middle, Ma	den Surname)		
FRANK CALABR	RESE			MARTA	DIGIACO	MO		
190. INFORMANT'S NAME (Type/Print)		10h MAN NO 4	OODESS (Same)		Route Number, City or		Seefal .	
SUSAN MILLER					OS ANGEL			
20e. METNOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem	noval trops State	b. PLACE OF DISPOSIT				LOCATION - C		
4 Donation 5 Quiter (Specify)	1	Arli	ngton N	ational		Arlingto	on, VA	A
21. SIGNATURE OF THIRTIAL SETTICES.	ceysse of		22. NAME A	ND ADDRESS OF F	di Funera			
~ / A.l: 1/	V. 111							
PRUB NX	Mason		1180	0 New	Hampshire	e Ave.,	S.S.	Md. 209
Sequentially liet conditions, if eny, leading to immediate	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):						
couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	d							
PART ii. Other algnificent condition	ens contributing to death i	but not resulting in	the underlyin	g ceuse given in		AN AUTOPSY		E AUTOPSY FINDING
						RFORMED?		LABLE PRIOR TO IPLETION OF CAUSE
					1   YE	8 2X NO	OF	DEATH?
				4			1 [	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)			
1 TES 2 T NO	HOSPITAL:		OTHER:  Nursing Nor	ne 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATN	28e. DATE OF INJURY	26b, TIME	OF 28c. IN	JURY AT	28d. DESCRIBE N	OW INJURY OCCI	JRED	
1 Natural 5 Pending	(Month, Day, Year)	INJU	RY W	YES 2 NO				
2 Accident investigation		V 40 b			004 1 0047700		0	Al contra
3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spe	T — At nome, term, at	eet, ractory, offi	4.0	281, LOCATION (St. City or Town, S		r Hural Houte	rvumber,
290. CERTIFIER (Check only 1 ) CERTIFYING PNY	SICIAN: To the best of my know	wiedge, death occurred	at the time, dat	e and place, and du	e to the cause(a) end	manner as state	d.	
tough many	IER: On the basis of examination							I manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MOER	29d. DATE	SIGNED (Mo	nth, Day, Year)
51.7								
3+ U- Ken	NO COMPLETE COMPLETE	PATH MESS	2-4	D-3746	-		MAY	
30. NAME AND ADDRESS OF PERSON W	LT, MC, USN			NATIONAL BETHESDA	NAVAL M ND 208	EDICAL 14-5011	CENTE	R
31. DATE FILED (MORTH, Day, Year)	32. REGISTRAP'S SIG	NATURE						
MAY 1 4.90	guia David	on-Novamor						

	火
ò	within
13146	wernted w
K	2
, P.O. BOX	law requires that the death certificate be a
	death
2	- P
Ĕ	that
*ECC	radininac
-	Ale
Ā	The
OF VI	WYCICIAN.
_	C
DIVISION OF VITAL RECORDS	AL DO ATTENDING DAVEICIAN- TI
	0
	7

		1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF I		MENTAL HYGIEN REG. NO	_	
		1. DECEDENT'S NAME (First, Middle, Last)	Elizabeth	Corta	ort		2. DATE OF GEATH DO	MY YE	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	in yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 10/16/32	6. B	Wash.D.C.
divile.	_	9e. FACILITY NAME (If not institution, give str		<u> </u>	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	OF DEATH
EL:	TOF	Washington Adver	ntist Hospit	a1	Tako	ma Park		Mon	tgomery
. Page	DIRECTOR	10a. STATE 10b. COUNTY	ntgomery	10c. CIT	y, town on Local				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
permit.	IAL	10e. STREET AND NUMBER	T L GOMEST			f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
46 physician. burial-transit	FUNERAL	154 Fleetwood Ter	TACE 12. WAS DECEDENT EVER I	III S ADMED		20910	NIC ORIGIN? (Specify Ye	US.	A  RACE — American Indien,
the find	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 K NO	If yes, sp		n, Puerto Rican, etc.)		Black, White, atc.  Specify: White
N = 5	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	(Give kind of life, Do NOT u		ON ost of working		JSINESS/INDUST	
AND Zhe hospital detached for once.	COMPL	1/12 (17. FATHER'S NAME (First, Middle, Last)	6 Years	Cleri	.ca1	16 MOTHER'S NA	Craft :	Industr	ies
-	ш	Frank D. Costenbac	ier			Mary E	W. Charles Control of	Gornaliey	
MARYL retained by 5 should be notified at	TO B	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		(0)
- 0 0		H.Russell Cort	-201			ood Terra	ce.S.S.Md	OCATION — City	or Town. State
Page 6 may il director, pa		1 Donation 5 Other (Specify)	val from State	other place)	itan Cre			Alex.V	
EALLINGRE, or death. Page 6 may to the funeral director, pag val.	d	21. SIGNATURE OF FUNERAL SERVICE UC	PHOSEE	a		ND ADDRESS OF FA		New Ham	p.Ave.S.S.Md.
nours aft of in by or remo		27 PART I. Enter the diseases, or co shock, or heart failure. L	omplications that cause list only one cause on e	d the death. Do ach line.	not enter the me	ode of dying, suc	h es cerdiec or resp	olretory errest,	Approximete Interval Between Onset and Death
		cheease or condition resulting in death)	ACU to	Rehal	Fail	Urc			4 days
ed a	Z	Consendado Nos Vas anadalana 6	Sepsis	, 4110 040 040					7 days
S or ign	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Preur	CONSEQUENCE C	PF):				21 days
ortificate ing phys giene prother t	IFIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS /	CONSEQUENCE C	•	)			
the death certif the attending i Mental Hygier injury, or oth	CER	resulting in death) LAST	. Chroni	u Obst	ructive	Lung	Disease		10 years
that ed by th and	CAL	PART II. Other significant conditions	a contributing to death t	out not resulting	in the underlying	ng cause given in	Part I. 24a, WAS AI PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL KECOK The law requires that te has been signed to ate Dept. of Health a	MED						_		1 TYES 2 NO
has be Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (C)	neck only one)		
	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)		
그 하는	PHY	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b, TJI	JURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED
After death	ED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, cify)		YES 2 NO	28f. LOCATION (Street City or Yown, State	t end Number or F	tural Route Number,
DIVISION DIRECTOR: hours after them 28 is		29a. CERTIFIER	CIAN: To the best of my know	dedge death occur	and at the time dat	a and place and du	to the amos(s) and m		
토정원	OMPL	201							suse(e) and manner ee stated.
THE HOSPITO THE FUNER OF FILED WITHIN MPORTANT.	Ш	29b. SIGNATURE AND TUTLE OF CERTIFIER	7	1.5		29c. LICENSE NU	MBER	4000	GNED (Morth, Day, Year)
DE SE	TO B	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	(N)	a Drinet			15/1	4/90
		JU. NAME AND ADDRESS OF PERSON WHO	COMPLE (ED CAUSE OF DI	AIT (IIEM 27) (Typ	e, PTINE)				

7600 Carroll

12. REGISTRAR'S SIGNATURE

GUNE DENISOR Pandall

Avenue Takoma Park, MD 20912



Alfred

31. DATE FILED (MOONEY, Day, N

Munzer

M.D.

61.8° '' 11

Julia Davidson

NB 21203-3146

BALTIMORE, MA

Ŧ	a.	팔
28	906	9
may	2	딅
9	Cto	Ē١
age	dire	5
9	2	=
eath	frue	등
D 76	के कि	6
aff	JOE DE	3
EL S	5 5	3
2	Bed o	5
2	y fi	<b>\$</b>
1	eme	E,
*	de o	2
et n	D IE	2
өхө	and	Ta l
pe	ian or t	悥
ate	ysic	는
tiffe	pp t	9
9	S S	0
ath.	ten	0
de	e a	È
the	5	三
hat	40	3
es	alt straight	99
la de	SH	8
9	pee	2
8	Se	R
The	te h	E
ż	fea Sta	=
CIA	the th	6
\$	lis of	9
6	# 4	ar.
N	Afte	E
EN	E.	-
A	ECH	2 5
8	SIR!	5
A	무선	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and activity and managed to build, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
HOS	5	M
Ψ	里克	HO
ILC	E C	I A
H	F	5

31. DATE FILEO (Month, Dey, Year)

MAY 10'90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

								20	19650
	1 - STATE REGISTRAR	TATE OF MARYLAND C	DEPARTM ERTIFIC	ENT OF H	EALTH AND I	MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  Lehman Leon	Creigh	ton			2. DATE OF DEATH	5 5	90 3.	TIME OF DEATH
		SEX 6. AGE (In yrs. le		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF BIRTH (Month, Day, Year) May	927	8. BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give street a	and number)	91	. CITY, TOWN (	R LOCATION OF DE	ATH	9c. COU	NTY OF DEAT	н
S E	The Memoria	l Hospital		I	Easton		T	albot	
DIRECTOR	10s. STATE 10b. COUNTY	oline	10c. CITY, T	OWN OR LOCAT	Denton				d. INSIDE CITY LIMITS? YES 2\(\)\(\)\(\)\(\)\(\)
FUNERAL	10e. STREET AND NUMBER Tuckahoe Rd.			101	. ZIP CODE	629	10g. CIT	USA	
BY FUN	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. A FORCES? 100 X X YES 2 IF YES, GIVE WAR OR DATES WW 2		If yes, sp		NC ORIGIN? (Specify Y n, Puarto Rican, atc.) y:	aa or No—	14. RACE — Black, W Specify:	American Indian, hita, etc. White
COMPLETED		ON   16a. 0 (/ ollege (1-4 or 5 +)	ECEDENT'S US Give kind of work le. Do NOT use n	done during mo etired.)	st of working	16b, KIND OF B			
M	12	P	rojec	t Eng		State  ME (First, Middle, Maide		way A	dmin.
BE CO	17. FATHER'S NAME (First, Middle, Last) William L	ehman Creig	hton		18. MOTHER'S NA		a Pa	rks	
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			,
	Mrs. Mary Louise				metery, crematory or	Denton		- City or Town	
	XIXBurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		niece)		Mem.			dge N	50000
	21. SIGNATURE OF FONERAL SERVICE LICENS	SEE		22. NAME A	NO ADDRESS OF FA	CILITY	700	Loci	ist St.
	* Length & 1	fames of		THOM	AS FUNE	RAL HOME			ge MD2161
	23. PART i. Enter the disesses, or com	pilcstions that caused the control one cause on each ile	desth. Do not	enter the me	ode of dying, suc	h as cardlec or res	piratory s	rrest,	Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Vento	culo	1	5600	later	7		Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	COV	nay	Arl	teg d	sle	rpl	years
PHYSICIAN: MEDICAL (	PART II. Other significant conditions c	ontributing to deeth but no	t resulting in	the underlyli	ng cause given in	PERF	AN AUTOPSY ORMED? 2 \( \sum \) NO	C	RERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
ICIAN		IOSPITAL:		OTHER:	PLACE OF OEATH (C				
HYS	1 YES 2 THO 1	☐ Inpatient 2 ☐ ER/Outpatient  28e. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	8 Other (Specify)  28d. OESCRIBE HO	W INJURY O	CCUREO	
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	(Month, Day, Year)  28e. PLACE OF INJURY — Albuilding, etc. (Specify)	home, farm, str	M 1 🗆	YES 2 NO	28f. LOCATION (Stree City or Yown, St		per or Rural Roo	ite Number,
COMPLETED	(Check only	N: To the best of my knowledge,	^						and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	amto	my	N)	29c. LICENSE NO				Aonth, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (	TEM Profitor 6	Print)					

32. REGISTRAR'S SIGNATURE -Randell'

3. TIME OF DEATH

ØØ14 0114

YEAR

2. DATE OF DEATH MONTH 1 22 DAY 1990

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MIldred

Celeste

1 -

	1
46,	and written
3	avanite
S S S	ifinate he
P. O.	anth cart
DS,	of the de
ECOR	manifest the
AL H	The last
I OF VITAL RECORDS, P.O. BOX 13146,	never the several periodicity between the law enables that the doubt radificate he eventual with
DIVISION	CINICIPALITY
ā	00
	OCTA

		4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2  6. AGE	70 YRS. But birthday) IF UNDER 1 YE MONTHS DA	YS HOURS MIN. 7. DAT	E OF BIRTH  22-/18	BIRTHPLACE (State or Foreign
2, 3 should	OR	Se. FACILITY NAME (# not institution, give street and number)  Kent & Queen Anne's CO.Hospita		nn or Location of DEATH tertown, Md	9c. COUNTY KENT	
permit. Pages 1, 2	DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR L		N	10d. INSIDE CITY LIMITS?  1 YES 2 NO
nsit permit.	FUNERAL I	10. STREET AND NUMBER 222 QUEEN S	1.	101. ZIP CODE 2 6 2 0	10g. CITIZEN	OF WHAT COUNTRY?
as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married   12. WAS DECEDENT EVER   FORCES? 1 YES   IF YES, GIVE WAR OR O	2 NO If yo	DECENDENT OF HISPANIC ORIG s, specify Cuban, Mexican, Puerto YES 2 Specify:		RACE — American Indian, Black, White, stc.
factor for use as	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16e. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)	g most of working	UARIO	Δ.
	CON	17. FATHER'S NAME (First, Middle (hat)	50500	16, MOTHER'S NAME (First	- Y HAI	1.6
1		MRISTEWARTZ, CANK	J 196. MAILING ADDRESS (St. 223 9	UEEN S7.	mber City or Town, State, Zip Co	Ju-md,
frector must	100	1 ☑ Būriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	b. PLACE OF DISPOSITION (Name of Place)	UE ( CEM.	20c. LOCATION — CITY	TEHOUS, FUR
e funeral direction		21. SIGNATURE OF FUNERAL SERVICE INCENSEE	22. NAN	O7 CAIU	chester	by wo.
with the medical examiner of the control of the con		23. PART I. Enter the diseases, or complications that cause ehock, or heert fellure. Liet only one cause on a IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	od the death. Do not enter the each line.  A CONSEQUENCE OF:			Approximate Interval Between Onset and Deeth
and completely b burial, cremati natic event, t	NO	Sequentially list conditions of b. PENAL	PATLURE			
ending physician I Hygiene prior to or other traus	CERTIFICATION	If any, leeding to immediate ceuse. Enter UNDERLYING	A CONSEQUENCE OF):			
by the and Me		PART II. Other significant conditions contributing to deeth	but not resulting in the under	lying ceuse given in Pert i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
equires en sign of Heal	AN: MEDICAL				1 YES 2 NO	OF DEATH? 1 YES 2 NO
ate has be tate Dept.	CIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	6. PLACE OF DEATH (Check only	one)	
	PHYSI	1   YES 2   NO   1   Propertient 2   ER/Out  27. MANNER OF DEATH   28a. DATE OF INJURY	tpetient 3 DOA 4 Nursing	Home 5 Residence 8 Ot : INJURY AT 28d. D	her (Specify) ESCRIBE HOW INJURY OCCUR	RED
fter this ceath with marked,	BY PI	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?		
. OH ALLENDING PHYSICIAN DIRECTOR: After this certific hours after death with the S Item 28 is marked, or it	ETED B		Y — At home, farm, street, factory, acity)		OCATION (Street and Number or lifty or Town, State)	Rural Route Number,
HOSPIJAL OH ALLENDING PHYSICIAN FUNERAL DIRECTOR: After this certific within 72 hours after death with the S MANT: If Item 28 is marked, or is	COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the best of examination				
TO THE HOSPITAL  TO THE FUNERAL  DE filed within 72 P  IMPORTANT: If I	TO BE (	29b. SIGNATUSE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER 03504	0	1GNEO (Mprith, Day, Year)
		30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF O	che	Sleplo	wr, Nd	5/650
	2	MAY 07 '90  32. REGISTRAR'S SIGI	on-Mandallo			
						DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Cann

THE THE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR
	FOR STATE REGISTE
Į	1. DECEOENT'S
	Elbe
	4. SOCIAL SEC
į.	519-1
	9a, FACILITY N
	344 D
l	RESIDENCE
l	
1	Maryl 100. STREET A
	344 D
	11. MARITAL ST
	1 Never Man
۱	_

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIE	NE
		C	ERTIFICATE	0	F DEAT	TH		REG. N	0.

REGISTRAR				CERTIFI	CATE O	F DEATH		REG. NO.			
DECEOENT'S NAME (First, N	liddle, Last)		Cheri	2007			2. DATE	OF DEATH	90	OFAR 3	. TIME OF DEATH
Elbert							1				
SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yr	s. last birthda; )	MONTHS DAY		7. DATE (Month	2 191	7 1	S. BIRTHPL Country)	ACE (State or Foreign h Caroli
FACILITY NAME (If not insti		reet and number)			9b. CITY, TOW	N OR LOCATION OF D	EATN		9c. COUN	TY OF DEA	TN
44 Delawa	re A	ve.			Sali	sbury			Wij	comi	CO
SIDENCE OF DECE	Ob. COUNTY			10c CITY	r, TOWN OR LO	CATION					Dd. INSIDE CITY
	Wico	mico			lisbur						YES 2 NO
STREET AND NUMBER						10f, ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
44 Delawa	re A	VE				21801 DECENDENT OF NISPA				S.A	
Never Married 2 M Wildowed 4 Divorce		FORCES? 1	YES 2	NO	If yea,	specify Cuban, Maxic (ES 2 NO Speci	en, Puerto F		or No-	Black, \	- American Indian, White, atc. Black
15. DECEE (Specify only i	DENT'S EDUC		16	. DECEDENT'S (Give kind of w	vork done during	ATION most of working	16b.	. KIND OF BUSI	NESS/IND	USTRY	
Elementary/Secondary (0-1)	2)	College (1-4 or 5	+)	ille. Do NOT us	e retired.)						
12				Labore	SIG.			None	2		
FATHER'S NAME (First, Mide	dle, Last)					16. MOTNER'S NA	AME (First, A	Middle, Maiden S	Surname)		
eniamin	C	herry				Joseph	ine		Vel	any	
. INFORMANT'S NAME (Typ				19b. MAILING	ADDRESS (Stre	et and Number or Rural		ber, City or Town,	State, Zip	Code)	
Ruby	Bol	den		3841 8	3 19th	st. Ne	want	. N			
METHOD OF DISPOSITIO	N		20h P1			cometery, crematory or	THE GRADE A			City or Town	. State
Burial 2 Cremation Donation 5 Other (S	3 🗆 Remo	oval from State	oti	ner place)							
BIGNATURE OF FUNERAL	pecity)	CHOCK	C	ottage		AND ADDRESS OF F	4.044.4777	Mes	CO V.E	er, l	TIL.
MEDIATE CAUSE (Fine	rt feilure.	complications the List only one can	use on eech	iina.	not enter the		ch as card	diac or reapir			Approximate interval Between Onset and Das Sudden
suiting in death)	1 2	DUE TO		NSEQUENCE OF							Droll
		002 10	ON AS A CC	MSECOENCE OF	r):						MESTE
quantially list conditionary, leading to immedi		DUE TO	OR AS A CO	INSEQUENCE OF	F):						
use. Entar UNDERLYIN	G	e.									
AUSE (Disease or injury at initiated events suiting in daath) LAST		DUE TO	OR AS A CO	INSEQUENCE OF	F):						
		J									1
ART ii. Other significent D. ab	astro						Part i.	24a. WAS AN / PERFORI	MED?	6	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
WAS CASE REFERRED TO	MEDICAL				26	. PLACE OF OEATH (C	heck only or	ne)			
EXAMINER?		HOSPITAL:	- EB/C		OTHER:						
MANNER OF DEATH		1 Inpatient 2				Nome 5 Residence			Marine ac-	wore.	
☐ Natural 5 ☐ P	ending vestigation	28a, OATE Of (Month, I	F INJURY Day, Year)	28b. TIM	IURY	INJURY AT WORK?  YES 2 NO	25d. DES	SCRIBE HOW IN	JURY OCC	URED	
S Suicide 8 C	ould not be	28s. PLACE ( building	OF INJURY — i, etc. (Specify)	At home, ferm, i	street, factory, o	office		ATION (Street as or Town, State)	nd Number	or Rural Ro	ute Number,
CERTIFIER											
(Check only						date and place, and du n, death occured at th					and manner as stated.
SIGNATURE AND RULE O											
The tree	0	0				Dagel				· 4.9	Month, Day, Year)
MAME AND ADDRESS OF	1	O COMPLETEO CAL	ME OF OEATH	(ITEM 27) (Type,	Print)	PLEBIL	A.	2d Sa	lsb	۸۸,	MO 280
PATE FILED (MONE) Day, Y	er)		AR'S SIGNATI							,	

e

. . . .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.	
JING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If from 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: ) be filed within 72 hours after d	IMPORTANT: If Item 28 is	

				ERIIT	ICAIL	: Or	DEAT	Н		REG. NO		-		
1. DECEDENT'S NAME (First, Mid				7	ick				2. DATE	OF DEATH		YEAR	100	E OF DEATH
James Wi	- T		A AOT (1)						11/0	y 7	19	90	- 1	50 P.
219 36 6884		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. 16	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Mont)	of BIRTH 1, Pay You 16/37	,	Counti	rylace (	(State or Foreign
Peninsula Gene	ral H						y, MD		ATH		Wico			
10a. STATE 108	COUNTY			10c. CIT	Y, TOWN (	OR LOCAT	ION					10d, INSIDE CITY		
Maryland	Maryland Worcester				Sno	w Hi	11							ES 2 XXNO
10s. STREET AND NUMBER						101	. ZIP CODE				10g. CITI	ZEN OF	WHAT CO	DUNTRY?
5557 Marke	t Str	eet						218	63			USA		
11. MARITAL STATUS  1 Never Merried 2 Mer  3 Widowed 4 Divorced	ried	12. WAS DECEDEN FORCES? 1 IF YES, GIYE V	YES 2X			If yes, sp	ENDENT OF celty Cuban	, Mexica	n, Puerto I					
15. DECEDE	NT'S FOLICA	ATION	16a D	ECEDENT'S	I I I I I I	CCUBATIO	NA .		166	KIND OF BU	PINESS /IND		WIII	ve
(Specify only hig Elementary/Secondary (0-12)		College (1-4 or 5		Give kind of le. Do NOT u	work done se retired.)	during ma	st of working	7	160		port Shop			
	5+		Owne	T. oc	ober	ator			-					
17. FATHER'S NAME (First, Middle						18. MOTH			Middle, Melden	Surname)				
Albert W								ryden						
19a. INFORMANT'S NAME (Type/I										ber, City or Tow			- 0 ( -	
Evelyn R. Di				The same of the sa		Name and Address of the Owner, where			Hil	l, Mar				
20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 4 Donation 5 Other (Spe		val from Stata	other i	e of dispo							cation -		1.00	ryland
21. SIGNATURE OF FUNDAME SE	SIVICE LIGE	Nage //			22.	NAME A	ID ADDRES	S OF FA	CILITY			0 2		-
1/6	sla						s Fur							
1/1/19/11	9	Wenne	4							Snow			. 2.	1863
23. PART I. Enter the disease shock, or heard IMMEDIATE CAUSE (Final disease or condition resulting in desth)	fsWare. L	Ist Drily one car	use on each lir	16.									li c	Approximate nterval Between Onset and Deat
Sequentielly list conditions if any, leading to immediet cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e		(OR AS A CONS											
PART II, Other significant	conditions	contributing to	death but not	resulting	In the u	nderfyln	g ceuse g	Iven in	Part I.	24a. WAS AN PERFO 1 YES	RMED?	24	OF DE	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH?  /ES 2 \( \subseteq \text{NO} \)
25. WAS CASE REFERRED TO M	EOICAL					28. P	LACE OF DE	EATH (C	eck only o	ne)				
1 YES 2 NO		HOSPITAL:	ER/Outpetient	3 DOA	OTHE 4 Nu		ne 5 □ Red	sidence	8 Othe	er (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pen	ding	28e. DATE O	-	28b. Til		28c. IN.	PURY AT DRIC? YES 2		_	SCRIBE HOW	INJURY OC	CURED		
3 Suicide 8 Cou		28e. PLACE ( building	OF INJURY — At I , stc. (Specify)	home, farm,	street, fac	tory, offic	:0			CATION (Street or Town, State		or Rural	Route Nu	ımber,
one)		AN: To the bast of											e) and m	nanner ee stated.
							29c. LICE							, Day, Year)
29b, BIGHATURE AND TITLE OF														
The same of the sa	1					00- 1405	MEE MIL	14050		204 047	FOLOME		Day	

32. HEGISTRAPIS SIGNATURE Pandell

31. DATE FILEO (Morith, Day, Year)
MAY 0 9 '90

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

105	che		ශ්
the the	deta		ouc
7	P		7
pe	pin		ed
etai	Sho		Diff.
98	e 5		
lay	pag		P
6	ctor.		us
306	dire		-
9	EL S		를
death	fru		Xar
fter	the state	Oval	9
52	4	E E	dic
P	8	0	Ë
24	)	lion.	the
thin	etely	эша	H,
M	Ē	Cre	eve
orte	8	nual	ic i
exe.	an	0	mat
20	ciar	101	25
cate	Style	e D	er t
ertif	00	gien	등
5	endi	Ŧ	0
dea	att	enta	'n,
the	#	M P	Ē
that	d b	h an	Ju.
Se	igne	eatt	2
equi	BN S	Of H	hov
J ME	s be	pt.	63
he la	has	8	П 2
F	cate	State	ie
CIA	ertif	the	6
S	is ci	É	ed,
4	AL TH	*	ark
DIN	Afte	dea	E
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
A	ECT	S	11 2
R	PHO.	hou	ite
A	RAL	2	=
SS	UNE	thiu	ANI
中工	日日	M D	E
E	E P	B file	WPC
-	4	Ď	=

STAT	E OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE			
	CERTIFICATE OF DEATH									

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)	·	02111111	DATE OF	DEMITT	2. DATE OF GEATN		3. TIME OF CEATN		
CHARLES		DOHNE			MONTH DA 4/27/90	Y YEA	505AM		
31 1 11 11 11 11 11	SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8. Bi	RTHPLACE (State or Foreign		
074-07-8042 V	M 2 F	81 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 11.	1909 Ne	ountry) ew York		
9a. FACILITY NAME (If not institution, give street	and number)	13	96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O			
PRINCE GEORGES HOSP	TAL CENTE	R	CHEVE	PI Y		PRINCE	CEODCE		
RESIDENCE OF DECEDENT	TITLE CENTE					PRINCE GEORGE			
10s. STATE 10b. COUNTY			TOWN OR LOCA			10d. INSIDE CITY LIMITS?			
		Was	hington				1 X YES 2 NO		
10e. STREET AND NUMBER	C.F.		10	, ZIP CODE		1019	OF WNAT COUNTRY?		
3633 Austin ST.	SE			20020		U.S.A.			
11. MARITAL STATUS 12.  1 Never Married 2 Married	WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Maxica	NC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	€	RACE — American Indian, Black, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES A	1 TYES	2 NO Specify	r:	S	Specify: white		
15. OECEDENT'S EDUCATION		18a. DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INDUSTR	my .		
(Specify only highest grade com Elementary/Secondary (0-12)	pleted) oflege (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done during me retired.)	ost of working					
10		Electron	ics Tec	hician	Elect	ricial			
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
Charles W. Dohne				Anna R	nese				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street		Route Number, City or Town	n, Stete, Zip Code	)		
Judy Briles		6107 G	allery	St. Bowi	e. MD. 207	20			
20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal	20i	other place)				CATION — City o	or Town, State		
4 Donation 5 Other (Specify)	TIONI State	Cedar	Hill (	Cemetery	Sui	tland,	MD.		
22. NAME AND ADDRESS OF FACILITY Robert E. Wilhelm, Inc. Suitland Rd. Suitland, MD.20746									
* Kaleit &	21/1	who I	Rober	t E. Will	helm, Inc.	Suitla	nd MD 20746		
23. PART I. Erfer the diseases, or com	plications that cause	d the death. Do no					Approximata		
shock, or heart failure. List	only one cause on e	ech line.					Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition	SOLL	co - i c	\						
resulting in death) a	Septi DUE TO (OR AS	A CONSEQUENCE OF	1			40			
	Preum DUE TO (OR AS	sono ca	cincl	Rilater	al Pleus	al PL	Lenda.		
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF	COPIC	Director	( , , , , , ,	7/	U JAM		
cause. Enter UNDERLYING	Seizu DUE TO (OR AS	re D	iso	rder		,			
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	CONSEQUENCE OF)	0		2				
resulting in death) LAST	old Sub	dura	LHe	mato	ma				
PART II. Other significant conditions of	ontributing to death I	out not resulting in	the underlyla	o cause alven in	Part I. 24s, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS		
Encephal	1			g g	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
			1 3 4 4		1 🗌 YES 2	! □ NO	OF DEATH?		
Neuro geni	CDY	sphag	19	1 -	—		1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	NY + 4	edin	of Ti	LACE OF DEATH (Ch	anti anti anni				
EXAMINER?	OSPITAL:		OTHER:						
1 YES 2 NO 1	28a. DATE OF INJURY	patient 3 DOA 28b. TIME		ne 5 Residence	8 Other (Specify) 28d. DESCRIBE NOW I	N ILIPY OCCUPE	D		
1 Netural 5 Pending	(Month, Day, Year)	INJU	IRY W	ORK?	280. DESCRIBE NOW I	NJUNT OCCURE			
2 Accident Investigation	28e. PLACE OF INJUR	Y At home from at			261. LOCATION (Street	and Number or D	and Bords Mumber		
3 Suicide a Could not be determined	building, etc. (Spe		reet, sectory, one		City or Town, State)		grat ricute reunicet,		
20. CENTIFIED									
29a. CERTIFIER (Check only one)	_								
2 MEDICAL EXAMINER: C	on the basis of examination	on and/or investigation	, in my opinion,	seath occured at the	ilma, data and place, ar	nd due to the ceu	use(s) end manner as stated.		
296 SIGNATURE AND TITLE OF CERTIFIER	77200	MAN		29c. LICENSE NUI	- 40	29d. DATE SIG	INED (Month, Day, Year)		
Lalinghic	~ 66	171.1		1220	108	4	127/70		
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)				/		
31. DATE FILED-(Month, Day, Year)	32. REGISTRAR'S SIG	MATHRE							
JI. DATE FILEUIJATURAT, Day, 1841)	JE, NEURS I MAN 3 SIG	NO UNE							

MW 07'90 Julia Savidson Randale

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE Julia Davidson-Randall

Margarita A. Korell, MD

31. DATE FILED (Month, Day, Year)

3e	2	
Ter	the	200
100	3	Ē
5	.=	22
8	8	C
24	軍	5
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	: After this certificate has been signed by the attending physician and completely filled in by the fu	amat
*	0	2
be	00	7
2	P	ì
8	a	5
2	ciar	2
ate	Si	S
ific	d	900
9	Ē	Š
5	ence	3
Jean	F	f
92	the	Me
F	3	Pu
=	20	4
SS	10	Aca
E	S	II.
9	98	C
*	S	Popul
9	1	0
	Cate	20.00
A	E	9
Sic	3	1
光	this	delica
5	10	440
N	Att	do
Z	-	

								9	U	14303
	FOR STATE REGISTRAR	STATE OF MAI		PARTMENT TIFICATE			MENTAL HYGIENI REG. NO.	E		
į	1. DECEDENT'S NAME (First, Middle, Last) Tyro	ne	£	Dukes			2. DATE OF DEATH DA	Y YE		:19PM M
	4. SOCIAL SECURITY NUMBER 345-02-9162	5. SEX 8. 1 ☑ M 2 ☐ F	AGE (In yrs. last birt	rhday) IF UNDER MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 15 72	1 (	Country)	CE (State or Foreign
OR	98. FACILITY NAME (If not institution, give street Parking lot /Roy		00 New H			r LOCATION OF DE	ttsville	9c. COUNTY	OF DEATH	
DIRECTOR	nesidence of decedent  10a. state  10b. county  Maryland  Prince (	Cormo! s	100	lyattsvil		ION			235	I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		111	iyactsv11		ZIP CODE		10g. CITIZEN	28	
FUNERAL	5229 Kenilworth Avenue					0781	United States of A			
ВҰ	11. MARITAL STATUS  1XX Never Married 2 Married  3 Widowed 4 Divorced	VER IN U.S. ARMED YES 3 NO OR DATES			n, Puerto Rican, atc.) Black, V					
TED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECED (Give k	N at of working	16b. KIND OF BUS		_			
COMPLETED	Elementary/Secondary (0-12) 11th grade	College (1-4 or 5+)		not use retired.)			N/A			
OM	17. FATHER'S NAME (First, Middle, Last)		, , ,			ME (First, Middle, Maiden	Surname)			
BE	Donald Hayworth Christine Dikes									
2										20781
	20a. METHOO OF DISPOSITION	rval from State	20b. PLACE OF I	DISPOSITION (Na	me of cen	netery, cremetory or	20c. LO	CATION — City	or Town,	Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE OF BUT ERAL SERVICE LICE	ENSEE	Harmony .	Memorial 22.		D ADDRESS OF FAC		wer, Ma	rylan	d
	· Edwar	Iw.y	Pinas	I wi	I Ra	on Finera	1 Hame 3447	1/ith St	mont	N W
	23. PART L Enter the disease, or co shock, or heert fellure. L									Approximate interval Between
	IMMEDIATE CAUSE /Final				~					Onset and Death
	resulting in desth)	Multiple DUE TO (OF	AS A CONSEQUE		S 		-			
Z	C b	a								
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEQUE	NCE OF):						
FIC	CAUSE (Diseese or injury that initiated evente	DUE TO (OF	R AS A CONSEQUE	NCE OF):						
ERT	resulting in death) LAST	l								
- 1	PART ii. Other eignificent conditions	contributing to de	eath but not resu	ilting in the ur	nderlying	cause given in	Part i. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS VILABLE PRIOR TO
PHYSICIAN: MEDICAL							— XXXXYES 2	□ NO	OF	MPLETION DF CAUSE DEATH?
. ME							_		XX	ZYES 2 □ NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF OEATH (Ch	eck only one)			
YSI	XXXYES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 E			sing Hom	e 5 - Residence		Scer		
	1 Natural 5 Pending	28a. DATE OF IN. (Month, Day, 5-1-9(	Year)	66. TIME OF INJURY 10:10PM		HK?	Subject S		ED	
тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF II building, etc	NJURY — At home, :. (Specify)	farm, street, fac Parkin		1	28f. LOCATION (Street and City or Town, State) 6500 New H			
COMPLETED	one)						GEOTGES CO to the cause(a) and men time, data and placa, an		_	/Land od manner as stated.
w	29b. SI INATURE AND TITLE OF CERTIFIER	0 16	0.4			29c. LICENSE NUM	MBER	29d. DATE S	IGNED (Mo	onth, Day, Year)
									2-199	10

111 Penn Street, Baltimore, MD 21201

VC

DIVISION OF VITAL RECORDS, P. O. BOX 13146, BALTIMORE, MARILAND 21203-3146

DIVISION OF VITAL RECORDS, P. O. BOX 13146, BALTIMORE, MARILAND 21203-3146

TO THE FUNERAL DIRECTOR, After this certificate its been signed by the attended within 72 hours after death with the State Day, of Health and Mental Hygions poor to burial, cremation, or ramonal important; it item 28 is marked, or item 23 shows any Injury, or other traumable event, the medical examiner must be notified at once.

ROBERT'S NAME (First, Middle, Last) ROBERT DAY  4. SOCIAL SECURITY NUMBER  577-05-2639  90. FACILITY NAME (If not institution, give SOUTHERN MD H	5. SEX 1 M 2 F street and number)	6. AGE (In yrs. ias	ERTIFICA			2. DATE OF DEATH MONTH DA	lv v	3. TH	ME OF DEATH
SOCIAL SECURITY NUMBER  577-05-2639  SE FACILITY NAME (IT NOT INSTITUTION, give  SOuthern MD H  RESIDENCE OF DECEDENT	1 M 2 F		et birthday) IF III			MONTH D/			
SOCIAL SECURITY NUMBER  577-05-2639  SE FACILITY NAME (IT NOT INSTITUTION, give  SOuthern MD H  RESIDENCE OF DECEDENT	1 M 2 F		et birthday) IF LB			April 30	199	7 /	1:12
Southern MD H RESIDENCE OF DECEDENT	street and number)	78	t birtiouy)	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.		(State or Forei
Southern MD H		1 1 M 2 □ F 78 YRS. WATER DATE MOORE MADE April 15,19 Ma							
	lospital	Cente:		Clir		EATH	9c. COUNTY Prince		eorge
10a, STATE 10b, COUNT								1404	MOIDE OFF
	ce Georges	6		10d. INSIDE CITY LIMITS?					
100. STREET AND NUMBER 4237 C Silver Hi	i 11 Rd.				20746			OF WHAT	COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	FVFR IN II S AS	MED I			IIC ORIGIN? (Specify Yes			nerican Indian,
1 Never Married 2 Married 3 Wildowed 4 Olvorced	YES 2 V	NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:  No Specify: White						
15. DECEDENT'S EDI (Specify only highest grad	(G	ECEDENT'S USUA live kind of work do b. Do NOT use retin	one during mos	N st of working	16b. KIND OF BUS	SINESS/INOUS	TRY		
Elementery/Secondary (0-12)	College (1-4 or 5 +)	)	inter	.,		U.S. Go	vernme	ent	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
Sidney W. Day					Ruby	P. Berry			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDI	RESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)	
Elsie Anderson		2	2602 Bri	nklev	Rd. # 4	16 B Ft. W	lashing	ton.	MD. 20
20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Ref	moval from State	other p	lace)		netery, crematory or		CATION — City		Late
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /	- Le	dar Hil		ELETY  ID ADDRESS OF FA		tland.	MD.	
97//	- M	10. 11	114				4308	Suit1	and Ro
Muri	Will	4 regist	4//	Cobert	E. MITH	elm, Inc.	Suitl	land,	MD. 20
23. PART I. Enter the diseeses, or shock, or haert fellure				nter the mo	de of dylng, euc	h es cardlec or resp	iratory srres	t,	Approximate
IMMEDIATE CAUSE (Final	A COLUMN TO SOUTH THE			-	-			!	Onset and I
disease or condition resulting in death)	. PU	PULLWOUNDY EMBOUSIN							1 DAG
	OUE TO (OR AS A CONSEQUENCE OF):								フルケ
quantially list conditions,  b. HIP FLACTULE  OUE TO (OR AS A CONSEQUENCE OF):									7000
If eny, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE OF):					i	
cause. Entar UNDERLYING CAUSE (Discess or Injury	C. DUE TO	OR AS A CONSE	OHENCE OF					-	
that initiated events resulting in death) LAST	502 10 (	(ON AS A CONSE	QUENCE OF).					j	
	d	-							
PART II. Other eignificant condition	ons contributing to	daath but not	reaulting in the	a undarlyln	g cause given in				E AUTOPSY FINI
						PERFOI		COM	ABLE PRIOR TO PLETION OF CA
									EATH? YES 2   NO
						_			
25. WAS CASE REFERRED TO MEDICAL	T			26. PI	ACE OF DEATH (C/	neck only one)		1	
EXAMINER?	HOSPITAL:	ER/Outpetlent		HER:	e 5 🗆 Residence	6 Other (Specify)			
27, MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUI	REO	
1 Natural 5 Pending	(Month, De	790	INJURY		RK? res 2 🔯 No	FELL	W.	BATT	BBA
- Accident	28e. PLACE OF	F INJURY — At h	ome, farm, street,	, factory, offic	•	28t. LOCATION (Street	and Number or	Rural Route	Number,
3 Suicide 6 Could not be	, bunding,	etc. (Specify)	6 ME			1/237 Si Go	A. Hill	KL.M.	Southe
3 Suicide 6 Could not be determined				the time, date		to the cause(s) and ma			mes
4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY			Immedia et e	man and the con-					
4  Homicide determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMIN	NER: On the basis of ax		Investigation, in	my opinion, d					
4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY	NER: On the basis of ax		Investigation, in	my opinion, d	29c. LICENSE NU			SIGNED (Mon	
4  Homicide determined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMIN  29b. SIGNATURE AND TITLE 0	NER: On the basis of a	xamination and/or	W						
4  Homicide determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMIN	NER: On the basis of a	semination and/or	EM 27) (Type, Print	)		S 45		30 30	

	the	det	C
	6	8	ŧ
	Den	pino	pel
	retai	S S	Hot
	2	90	9
	тау	, D	la la
	e 6	ecto	Ē
	Pag	9	ner
	ath.	Juera	aml
	er de	ने में	l ex
	afte	by t	lca
1	onus	- Jo	med
	24 h	filled on,	he
	hin	tely	1.1
	Will	nple	ven
	uted	rial,	9 3
	exec	and or	mat
	8	ior	
	icate	phys se pi	er i
	ertil	ling	ŧ
	ath	al H	0,
	e de	Vent	1
	# th	De de	-
	s the	a the	30
	uire	Sign	SAMO
	rec	beer of	4
	13M	Dept	23
	Ĕ	tate	met.
	SIAN	he S	ar
	YSK	ith th	Pe
	F	if the	arki
,	DING	Afte	8
	TEN	TOR:	1 80
	A AT	RECT IN B	E
	100	2 8	Ita
	PITAL	ERAI.	200
	HOS	FUN	TAN
	뿔	H	au
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlat, cremation, or removal.	IMPOGRANT: It has 28 is marked or ham 23 shows any injury or other traumable event the medical examiner must be notified at on-

	FOR STATE REGISTRAR	STATE OF MARYLAND / D CEF	EPARTMENT OF H	EALTH AND MENT DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	burn Du 11			TE OF DEATH DAY	6 90°	3. TIME OF DEATH				
١		SEX 6. AGE (In yrs. lust bit	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. 7. DAY	TE OF BIRTH	6. BIRT	HPLACE (State or Foreign				
HO.	9a. FACILITY NAME (If not institution, give street No. of Ma	ry land	96. CITY, TOWN O	altime	ire l	Baltim	ore City				
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	ION	0		10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	ington	3MITTISL 101	ZIP CODE	10	10g. CITIZEN OF	1 YES 2 NO WHAT COUNTRY?				
FUNERAL	11, MARITAL STATUS 12	MITASDUM MO.	D 13 WAS DEC	21783 ENDENT OF HISPANIC ORI	GIN? (Specify Yes	V 5	American Indian,				
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp.	city Cuban, Mexican, Puer	to Rican, etc.)	Bla Spe	ck, White, stc.				
TED	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON 16a. DECE	N at of working	18b. KIND OF BUSI	NESS/INDUSTRY						
COMPLETED		ity									
BE CO	17. FATHER'S NAME (First, Middle, Last) WOLVERLY	Dall		Anna	st, Middle, Melden S Da d	d V					
10 B	Grace B. Dull	19b. 1	MAILING ADDRESS (Street a	Smithsbu	1 4 5	State, Zip Code)	83				
	20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cornetory, crematory or 20c. LOCATION — City or Town, State										
	4 □ Donation 5 □ Other (Specify) 21. SIGNATY NE OF UNERAL SERVICE LICENS	LUMIT	MODULA C	emetery b address of facility S Funer			a, MD				
	· ptennis o	planis	R+.3		mi thsb		10 21783				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final											
	disease or condition a. CONGIGH VE HEAT Fauture  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
Z	chronic obstrictive primancing descus 10 vis										
CERTIFICATION	If any, leading to immediate										
HE	CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algnificant conditions of	ontributing to death but not res	sulting in the underlyin	cause given in Part i	. 24a. WAS AN /		16. WERE AUTOPSY FINDINGS				
DICAL					PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?				
V: MEDIC							1 - YES 2 NO				
PHYSICIAN:		OSPITAL:	OTHER:	ACE OF DEATH (Check only							
HYS	1 — YES 2 NO  27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 ER	28b. TIME OF 28c. IN.	e 5 Residence 6 C C URY AT 28d.	Other (Specify) DESCRIBE HOW IN	JURY OCCURED					
B	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY — At home	M 1 🗆	rES 2 NO	LOCATION (Street a	nd Alumber or Russ	d South Mismbar				
TED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Specify)	s, taint, action, tactory, other		City or Town, State)	o rumadi or ruma	Troute Humber,				
COMPLETED	cool	N: To the best of my knowledge, death					e(a) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER			EO (Month, Day, Year)				
TO BE	Wendy Dut	un Mo.	7.7.046			14/2	26/90				
	30. NAME AND ADDRESS OF PERSON WHO CO	With the contract of the contr		Bout	MD	212	01				
	31. DATE FILED (Month, Day, Year)	32. RESTRAR'S DIGNATURE Guha Davidson-h		- 1							

medical examiner must be notified at ong

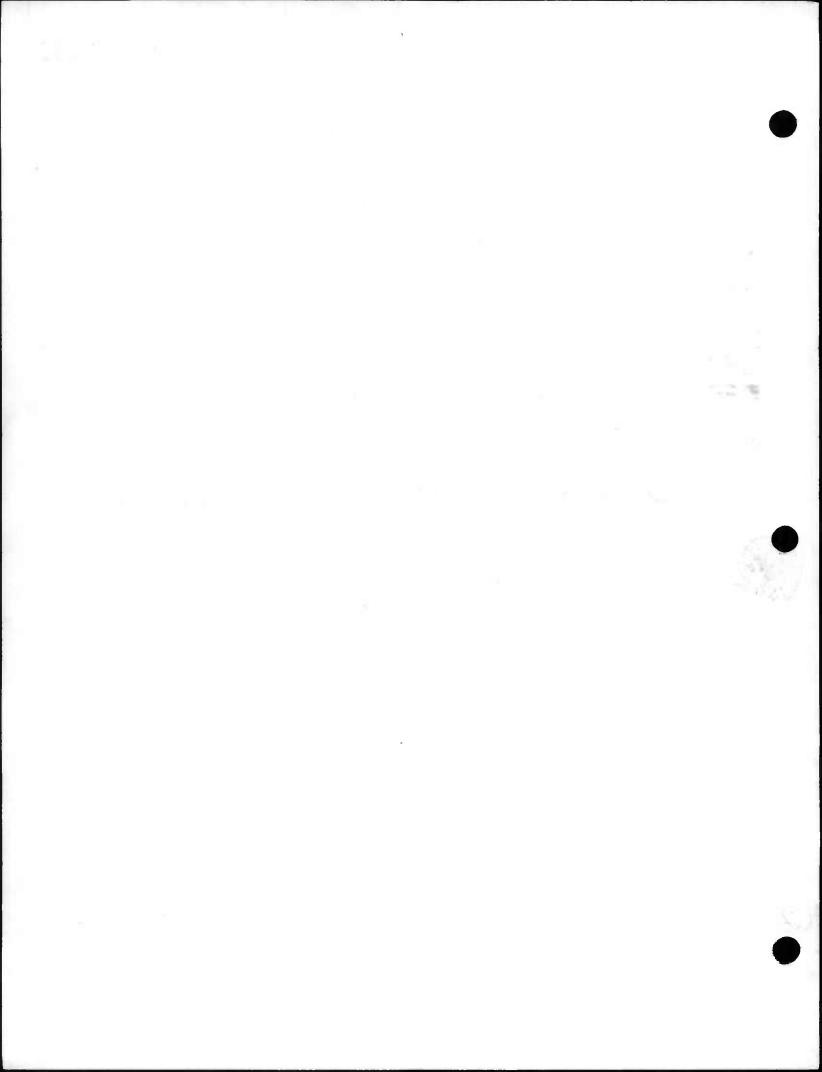
DIVISION OF VITAL RECORDS, P.O. BOX	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificant be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending lary-come filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prints	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traus
RECORDS	requires that the	been signed by the control of the co	shows any In
F VITAL	PSICIAN: The law	is certificate has ith the State Dept	ed, or Item 23
NOISIN	OR ATTENDING PA	DIRECTOR: After the cours after death w	tem 28 is mark
	THE HOSPITAL	to THE FUNERAL I	IMPORTANT: If I

										50	1 70	00
	FOR STATE REGISTRAR	STATE OF M			TMENT OF I			NTAL HYGIENI REG. NO.	E			
į	1. DECEDENT'S NAME (First, Middle, La EARL		10	DAX	/IS J			DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEA	тн.
		Augusti			/12 J	•		APRIL 19	, 19		11:30	a.M
373	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 H	HRS. 7.	DATE OF BIRTH (Month, Day, Year)		Countr		
	579–66–1202	1 XM 2 - F	39	YRS.				(Month, Day, Year) July 22,1		1	nington	,D.C.
~	9a. FACILITY NAME (If not institution, gi		_		9b. CITY, TOWN		OF DEATH	'		INTY OF D		
2	THE JOHNS HOPKI		L		BALTI	MORE			BA	LTIMO	ORE CITY	
DIRECTOR	10a. STATE 10b. COU		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CIT	Υ	
a a	Maryland Pr	es							1 XYES 2	NO NO		
AL	10a. STREET AND NUMBER				10	f. ZIP CODE					WHAT COUNTRY?	
FUNERAL	5905 - 87th	Avenue		~		20784			Uni	ted S	States	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI					ORIGIN? (Specify Yes uarto Rican, atc.)	or No-	14. RACE Black	E — American Ind k, Whita, atc.	len,
BY	3 Widowed 4 Divorced	IF YES, GIVE W					Specify:			Speci	" Black	
I a l	15. DECEDENT'S E		16a, DEC	CEDENT'S	USUAL OCCUPAT	ON		16b. KIND OF BUS	INESS/IN	DUSTRY	2244	_
16	(Specify only highest gi	completed) College (1-4 or 5+	(GA	ve kind of to Do NOT us	work done during m se retired.)	ost of working		City of	New	Car	rollton.	Md.
	8th grade			nita	tion Wo	ker		Public	Wor	ks D	epartmen	nt
GONAPLETE	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME	(First, Middle, Maiden	Sumame)			
Farl Augustus Davis						Ma	artha	e Ell	yn	]	Hamilton	n
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Martha D. Jones (sister) 5905 - 87th Avenue, New Carollton, Maryland 2078/  20e. METHOD OF DISPOSITION  1 M Burilai 2 Cremation 3 Bemoval from State  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)									34			
	4 Donation 5 Other (Specify) Washington National Cemetery Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Latney's Funeral Home 3831 Georgia Avenue, N.W.; Wash. D.C. 20011									11		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,									Approxin			
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	AID	S	•							Onset an	
		DUE TO	(OR AS A CONSEC	VIENCE O	F): ()		. / .	som A				
8	Sequentially ilst conditions,	b. Cry	Pto CO	CC	al Pr	enino	1/12.	S	1			
TA:	if any, leading to immediate cause. Enter UNDERLYING	Dise	minate	· L	M	caba	tes	jum A	fyi.	im	to feek -	
트	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	WENCE O	P: 7	1	-	-0	1.			
ERTIFICATION	resulting in death) LAST	a Disem	inated		ytomer	aloxi	rus	Infect	ro			
2	PART ii. Other significant condi	tions contributing to	death but not n	esulting	in the underlyi	g cause give	en in Par	rt i. 24a. WAS AN		246	. WERE AUTOPSY	
EDICA								PERFOR			AVAILABLE PRIOR COMPLETION OF	
요		_					_	1 1 123 2	-	1	OF DEATH?	NO
Σ.								-				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA					LACE OF DEAT	TH (Check	only one)				
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Ho	ne 6 🗆 Resid	lence 6	Other (Specify)				
E	27. MANNER OF DEATH  1 William 6 Pending	28a. DATE OF (Month, D		28b. Till IN	JURY W	JURY AT ORK?		ld. DEŞCRIBE HOW I	NJURY O	CCURED		
B	2 Accident Investigati		E 101 11 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1			YES 2 N					D	
E E	3 Suicide 6 Could not 4 Homicide determine	De building,	F INJURY — At ho etc. (Specify)	me, rarm,	street, factory, off	ce	26	Bf. LOCATION (Street of City or Town, State)		er or Hurai	House Number,	
COMPLETE	CHOCK CHRY	HYSICIAN: To the best of	my knowledge, de	eth occur	red at the time, da	e and place, an	nd due to	the cause(a) and mai	nner aa at	ated.		
O.	one) —	MINER: On the basis of a	camination and/or i	investigati	on, in my opinion,	death occured	at the tim	e, data and place, an	nd dua to	the cause(	a) and manner as	stated.
ш	296. SIMPATURE AND TITLE OF CERT	MIER	// .		. 1	29c. LICENS	SE NUMBE	R	29d. DA	TE FIGNES	Month, Day, Year	7)
0 8	15me 1	Conte	en/		<u> </u>	<i>γ##</i>			P 9	1191	190	
	30 NAME AND ADDRESS OF PERSON	WHO COURS ETED CAR	DE OF DEATH OTH	M OT /T-	- D-1-0							

32. JEGISTRAPS SIGNATURE Pandale

90

The Johns Hopkins Hospital, Baltimore, Maryland



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physici	by the funeral director, page 5 should be detached for use as the burial-imoval.	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle,	Last)	7			2. DATE OF DEATH	IV.	YEAR	3. TIME OF DEATH
Lillian Lor	ens Darden				05-08-9		TOMAN	6 pm M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	100	8. BIRTI	HPLACE (State or Foreign
214-05-1377	1 🗆 M 2 🔀 F	75 YRS.	ONTHS DAYS	HOURS MIN.	12-18-14			"Burnie,MI
9a. FACILITY NAME (If not institution,			b. CITY, TOWI	OR LOCATION OF DE	ATH		NTY OF D	
Correll Nurs	ing Home		Anna	polis,		An	ne A	Arundel
10a. STATE 10b. CC	YTAUC		TOWN OR LOC					10d, INSIDE CITY LIMITS?
MD Ann	ne Arundel	Anna	polis					YES 2 NO
10e. STREET AND NUMBER	. MI	•		101. ZIP CODE		10g, CIT	IZEN OF	WHAT COUNTRY?
10 German St	reet			21401		US.	A	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			ECENDENT OF HISPAN specify Cuben, Mexica	IIC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES TONO Specify			Spec	
15, DECEDENT'S	EDUCATION	16a. DECEDENT'S U	SUAL OCCUPA	TION	16b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	retired.)			1		
12	1000	Book M	opile		Public	L1D:	rary	Į.
17. FATHER'S NAME (First, Middle, Las	it)			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)		
James J. Lor	ens			Unkno	own			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	1	Route Number, City or Tow	n, State, Zi	p Code)	
Tom Darden		5 Par	k Pla	ce, Annar	oolis, MI	214	03	
20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPOSIT				CATION -		own, State
1 ☐ Buriel ② Cremation 3 ☐ 4 ☐ Donation 8 ☐ Other (Specify)		Metro Cr	emato	rv	Bal	tim	ore	, MD
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	-	22. NAME	AND ADDRESS OF FA	CILITY		11727	
malid d	(tur (1				neral Ho			
23. PART I. Enter the diseases shock, or haert fel IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Respi	and the death. Do no asch line.		mode of dying, suc	h as cardlec or resp	Iratory a		Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE OF):						
thet initieted events resulting in death) LAST	d	A CONSEQUENCE OF):						
PART II. Other significant con	ditions contributing to death	but not resulting in	the underly	ring cause given in			24	b. WERE AUTOPSY FINDINGS
chrome	illness, a	Ce. C	VA	Dance	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
non beal	2 - 1	ilus w	lcei,	De pus	su-	S   NO		OF OEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC				PLACE OF DEATH (CA	eck only one)			
EXAMINER?	HOSPITAL:		OTHER: 4 - Nursing i	tome 8 Residence	8 Other (Specify)			
27. MANNER OF DEATH  1 Netural S Pending	28s. DATE OF INJURY (Month, Day, Year		HY YH	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investig	28e. PLACE OF INJU	RY — At home, farm, st		YES 2 NO	281, LOCATION (Street	and Numb	er or Runi	Route Number.
3 Suicide 8 Could n 4 Homicide detarmin	ot be building, etc. (Si	pecify)	iosi, motory, o	11100	City or Town, State		or or Thoras	Today Transci,
cond only	PHYSICIAN: To the best of my kno AMINER: On the basis of examinal							(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CRI	4 MB			29c LICENSE NU	NBER 164	29d. DA	S//	O (Mogth, Day, Year)
DABS	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	ave.	ann	iapoli;	no	)	
31. DAWAY (M111) DO1990	gul 3000000	SHIP COME						

10011

×

All the second second

spital o	ed for	
the ho	detact	once
d by	Pe De	d at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he float within 72 hours after death with the State heart and Mental Harilete order to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ay be	page	t be
7e 6 m	irector.	SDE .
h. Pa	eral d	nine
or deat	he fun	еха
urs afte	n by t	edica
74 hou	filled i	Ne m
within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune find within 72 hours after death with the State Dent of Health and Merial Hydiens prior to burial, cremation, or removal.	ent, t
banc	d com	ic ev
e exe	an and	иша
icate t	physici ne prio	er tre
certif	Hvoier	r oth
death	Aertal	uny,
at the	and A	ny inj
ires th	signed	ws ar
redu	been s	shov
le law	has	n 23
IT IN	ficate	lter.
SICIA	cert	d, o
NG PH	ter this	marke
ENDI	PR: Al	Sis
A AIT	RECTT.	m 21
AL O	AL DI	If Ite
TIASC	INER.	NT
光光	HE FL	ORTA
10	10	M.

											90	14300
	FOR STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MENT	AL HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)			4				2. DAT	E OF DEATH	AY.	YEAR	3. TIME OF DEATN
	LEONA E. DU	CKWORTH						0.5			90	22:43pm M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTN nth, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
) [	217-10-1958	1 M 2 X F	73	YRS.	anomi His	DAYS	HOURS MIN.		3/25/19	17		NSYLVANIA
	9n. FACILITY NAME (If not institution, give st	reet and number)		_	9b. CITY,	TOWN O	R LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
TOT:	SACRED HEART HOSE	ITAL		CUMBERLAND						ALL	EGAN	Y
рівестоя	MD 10b. COUNTY ALLE			10c. CITY, TOWN OR LOCATION CORRIGANVILLE								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER P O BOX 55					101.	ZIP CODE 21524		10g. CITIZEN OF W			WHAT COUNTRY?
Z I	11. MARITAL STATUS				13. V	MAS DECI	ENDENT OF HISPA	NIC OBIG	IN? (Specify Ver			E — American Indian,
BY	1 Never Married 2 Married  1 Never Married 2 Married  3 Wildowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			Ю	H	yes, spe	city Cuben, Mexic 2 X NO Spec	an, Puert			Blac	k, White, etc. HITE
요	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N of worlder	1	6b. KIND OF BU	SINESS/IN	DUSTRY	
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)	unng mos	it of working					
릴	8			HOME	MAKE	R						
COMPLET	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N	AME (First	t, Middle, Maiden	Surname)		
BE C	JOHN R. BURLEY						SADII	E EM	ERICK			
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street ar	nd Number or Rura	Route Nu	imber, City or Tow	n, State, Zi	p Code)	
5	SANDRA M. DAUG	HTON					WELLER			155		
	Burlet 3 Cremation 3 Rem	oval from Stata	other pla	ICB)			elery, crematory or L GARDE				-	own, State ARYLAND
	21. SIGNATURINOS FUNERAL SERVICIALIO	ENGES /	7		22. [	NAME AN	D ADDRESS OF F	ACILITY	PD PITME	DAT	поме	
	> I Mornist 4	Posa V	00				ENCE ST.					45-0636
	23. PART i. Enter the discusses, pro	omnifortions that	caused the de	eth Do								Approximate
	shock, Dr heart leilure.	List only one caus	se on each line		lot eliter	tire ino	za or uying, su	UII do UI	nuiec or resp	natory e	reot,	intervai Between
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	in	- he	ypa	noti	in	un,	the	) 	Onset and Death  4 Jany		
2	shock, prihedri feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, pue to (off As A Consequence of):  Due to (off As A Consequence of):  Due to (off As A Consequence of):											
RTIFICATION	Sequantially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING	DUE TO	OFFIAS A CONSEC	DUENCE O	F):		em	1				5 Jun
는 단	CAUSE (Diseese or Injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE O	F):	1 1						1.4
Ē	recuiting in death) LAST	rend	+ le	my	m	ed	S					11 wil
CE		d. 1/		J								
_	PART li. Other significant condition	contributing to	death but not r	esulting	in the un	derlying	cause given i	n Part i.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	given, a	agracin	79119	W	-cor				1 TES	-		COMPLETION OF CAUSE DF DEATH?
圓	ward	Orm	00-6									1 YES 2 NO
2												
NA I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	Check only	one)			
Sic	EXAMINER?	HOSPITAL: 1 ☑ Inputient 2 □	ER/Outpatient 3	□ DOA	OTHER A   Non		e 6 🗆 Residence	6 🗆 0	ther (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b, TIA	ME OF	28c. INJ	URY AT	_	DESCRIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending	(Month, De	ly, Year)	IN	JURY	1 🔲 1	RK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At ho	me, farm,	street, fact	ary, office		28f. L	OCATION (Street	and Numb	er or Runal	Route Number,
TED	3 Suicide 6 Could not be determined	building,	etc. (Specify)					°	ity or Yown, State	)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the best of	my knowledge, de	with occur	red at the t	ime, date	and place, and de	ue to the	cause(s) and ma	nner as st	ated.	
MC	onel	R: On the basis of ax	amination and/or	investigati	ion, In my o	pinion, d	eath occured at th	ne time, d	eta and placa, a	nd due to	the cause	(a) and manner as stated.
	296. SIGNATURE AND THILE OF CEPTIFIE	ww					29c. LICENSE N	UMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
BE	March	1					009	28	1	•	4	18011
2												

DONALD MANGER

8 1990

BEDFORD ROAD

32. REGISTRAR'S SIGNATURE

CUMBERLAND, MD

21502

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTI	FIC	ATE C	F DEATH		R	EG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)			1					2. DATE OF I	DEATH DA		YEAR	3. TIME OF DEAT	н
Florence T	. Dail	У							1,000	00		90	4:37	m <sub>Q</sub>
4. SOCIAL SECURITY NUM	BER	S. SEX	6. AGE (I	In yrs. last birthda		UNDER 1 YE			7. DATE OF E	BIRTH v. War)		8. BIRTH	HPLACE (State or Fo	
220-44-4174	1	1 🗆 M 2 😾 F	8	7 YRS	. I WON	ITHS DAY	rs HOURS M	IN.	Apri		190		aryland	
9e. FACILITY NAME (If not in		reet and number)			9b.	CITY, TOV	WN OR LOCATION O	OF DE	EATH		9c. COL	INTY OF D		
MONTGOMERY RESIDENCE OF DEC	GENERA	L HOSPI	TAI.				OLNEY				MON	VICON	ERY	
10e. STATE	10b. COUNTY	,		10c. C	HTY, TO	WN OR LO	CATION						10d. INSIDE CITY LIMITS?	
Maryland	Monto	omery		Roc	ckv.	ille							1 - YES 2 -	NO
10e. STREET AND NUMBER	10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?													
14712 Georg	gia Av	enue					20853				Uni	ted :	States	
11. MARITAL STATUS	99	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED			DECENDENT OF H				or No-	14. RACI Blac	E — American India k, White, etc.	in,
1 Never Married 2 Married  1 Never Married 2 Married  1 Yes 2 MO														
	CEDENT'S EDUC			16a. DECEDENT	r's USL	IAL OCCUP	PATION a most of working		16b. KJN	ted	SINESS/IN	DUSTRY		
Elementary/Secondary (		College (1-4 or 5	+)	Ille. Do NO	use rei	tired.)	g most of working			ent				
12				Legal S	Sec:	retar	СУ		Fat	ent	OLLI			
17. FATHER'S NAME (First, A	Aickle, Last)						18. MOTHER	'S NA	ME (First, Middl	le, Maiden	Sumame)			
Jacob Benge	21						Eva	Lo	uise S	chmi	dt			
19s. INFORMANT'S NAME (							eet and Number or I							
Robert M. M		and					a Avenu		Rockv	_				3
20a. METHOD OF DISPOS∏ 1 ☐ Burlal 2 🂢 Cremati		oval from State		other place)			of cemetery, cremator					- City or To		
4 Donation 5 Other	r (Specify)		M	ontgome	ery	-	natorium	_					aryland	
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	-			Robe	AND ADDRESS	Of the	phrey 1	Fune	ral :	Home:	s/Rockvi	lle
W1. a	ani	moly	MOD	853		Inc.	300 Wes	t i	Montgo	mery	Ave	. Ro	ckville,	MD
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart failure.	complications the List only one can	die	the death. D	o not	enter the	mode of dying,	, suc	ch as cerdiac	or resp	ratory a	rrest,	Approxim Interval B Onset and	etween
		DUE TO	(OR AS A	CONSEQUENCE		1	1						1	
Sequentially list condi	tions.	- Typoh	QUE	-a	1	aler	23418						day.	I
if any, leading to imme cause. Enter UNDERLY	ediate	DUE TO	JUR AS A	CONSEQUENCE	UFF	e de la	Abelows	10					do	,
CAUSE (Disease or Inju		c. // DUE TO	(OR AS A	CONSEQUENCE	OF:	44/	, ever	7					lace)	
that initiated events resulting in death) LAS	ST	Aughtin	JAN.	wood !	1	Holes	40 Cd		000	V4			400	5
		0.01	7	1	_/					1.			7	-
PART II. Other signific	- /	e contributing to	death b	A The same of the	ng In t				Part I. 24	a. WAS AN		24	b. WERE AUTOPSY F AVAILABLE PRIOR	TO
Poly My	21 pia	- Mile	y	y'ora	1	de	chore		1/11	YES 2	NO		COMPLETION OF OF DEATH?	CAUSE
Orpanja	o de	east	d	146046	2/	de	vou. A		MA				1 🗆 YES 2 🗇	NO
Haresur	, Elmi				/			/						
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:					6. PLACE OF DEAT	rh (ci	heck only one)					
1 YES 2 NO		1 Inpatient 2	ER/Outp	patient 3 DO		THER:  Nursing	Home 5 - Resid	ence	8 Other (S)	pecify)				
10.00	Pending	28a. DATE Of (Month, I		28b.	TIME O		:. INJURY AT WORK?	10	28d. DEŞCRI	BE HOW	INJURY O	CCURED		
2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY , etc. (Spec	— At home, far	m, stree	et, factory,	office			ON (Street own, State)		er or Rural	Route Number,	
no company														
Crisck Gray		CIAN: To the best o											(a) and manner as :	stated.
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. DATE SIGNED (Month, Day, Year)														
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1708, PHINI)  STILLMAN CAREK 17.D. CEOL GENERAL TONO 1 DIVER SILVER GAVE OF DO														
31. DATE FILED (Month, Day	1 On	32. REGISTR	AR'S SIGN	ATURE		6000	1' \$	, ,,	0, 4.	100	6	7	)	
マノフノが四代	T 20	Just	2 way	dson-Ran	de 00									

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

20573 Au

and we have been

...

77	м	Æ
8	Œ	9
ps.	400	Ψ
Ħ		Ę
in the		-
P		ē
le ra		Ē
\$		SX
\$	Nal.	-
2	E	122
,5	2	9
8	0	-
-	Son	ě
(e)	ma	-
용	85	E S
5	e i	6
b	5	븓
g	9	E
- Jan	0	3
Si	E	-
듄	2	ē
5	É	6
8	£	ě
電	ma	2
he	Me	à
N C	8	-
B	- a	20
6	He	95
S.	ž	3
99	0	등
S	ept	2
100	0	E
cate	State	3
#	9	2
8	10	_
Pis Sign	F	3
10	€	4
Att	dea	2
·H	Je.	1 10
8	aff	28
RE	ULS	5
ō	2	100
E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Some	d within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	grant: is item 28 to marked or liem 23 shows any injury or other traumatic event, the medical examiner must be
NES	His	Ė
B	With	1
14.1	77	d

	REGISTRAR		CERTIFIC	ATE O	DEATH	REG. N	0.	
1	1. DECEDENT'S NAME (First, Middle, Last)	OSEPH NENI	RY DORSE	Y		2. DATE OF DEATH	009-90ear	3. TIME OF DEATH
	TOSEPH	OSEPH HENE	DORJE	Y		5	9 90	M
	4. SOCIAL SECURITY NUMBER 2718-14-5066	/-		UNDER 1 YEAR	T	7. DATE OF BIRTH	-099 8. BIRT	THPLACE (State or Foreign Maryland
OR	90. FACILITY NAME (If not institution, give atre Shady Grove A SHADY COV	at and number	<u> </u>	Gai	thersbu	rg	oc county of	TGOMERY
5	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland MC	NTGOMERY	ey R	OCKVI	11115		1 X YES 2 NO	
FUNERAL	512 West Mont	gomery Ave	in An	<b>E</b> .	101. ZIP CODE 208	50	10g. CITIZEN OF	ISA ISA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	If yes,	ECENDENT OF HISPAN Specify Cuben, Mexica S 233-10 Specify		Bla	CE — American Indian, lick, White, etc.  Black  Black		
TED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S US (Give kind of work	k done during i		16b. KIND OF I	BUSINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Me. Do NOT use n	takeı				
<u>8</u>	17. FATHER'S NAME (First, Middle, Last)		Carc	Cunci		ME (First, Middle, Maid	len Surneme)	
Ö	John H. Dors	ev			Ma	ry K. Be	oardlev	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	ODRESS (Stree		Route Number, City or 1		22252
임	Maggie M. Dorse	ev (wife)				Ave.,		le, 20850
	20s. METHOD OF DISPOSITION	20b	PLACE OF DISPOSIT				LOCATION — City or	
	Donation 5 ☐ Other (Specify)	and from State	Brown Ch	apel	Cemeter	y D	ayton, N	4D
	21. SECHATURE OF FUNERAL SERVICE LICE	INSEE	4		AND ADDRESS OF FA			44
	Dorge K	: Anon	Jan-			eral Hom		•
	23. PART i. Entar the diseases, or co	omplications that coused	the death. Do not					Approximata
	ahock, or heart failure. L IMMEDIATE CAUSE (Final			T., C.				Onset and Death
	disease or condition		cardial					
	resulting in death) a	DUE TO OR AS	CONSEQUENCE OF):		Di			
z		ISCI ZSC	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:	eart	Diseas	EASE		
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
3	CAUSE (Disease or injury							
	thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	•						
	PART II. Other algnificant conditions	contributing to death b	out not resulting in	the undarly	ing cause given in	Part i. 24a. WAS	AN AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
DICAL	PRÉNIOUS "	myouthough	1.50	11800	,		FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
			consider	DE G	ins	1 U YES	2 G NO	OF DEATH?
Σ.		1	-	-	1 -			1 TYES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL	1 Arsam	INAL MOSS		PLACE OF DEATH (C)			
ဗ္ဗ	EXAMINER?	HOSPITAL:		THER:	ome 6 🗆 Residence	6 Cher (Specify)		
PHYSICIAN: ME	27. MANNER OF DEATH	26a. DATE OF INJURY	26b, TIME (	OF 28c. I	NJURY AT		W INJURY OCCURED	
	1 Natural 6 Pending	(Month, Day, Year)	INJUF		WORK?			
9	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, ferm, stre	et, factory, of	fice	281. LOCATION (Stre City or Town, St	et and Number or Run	al Route Number,
COMPLETED	4 Homicide determined	ounding, att. (Spec	City)			City or lown, St		
ן ב	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occurred	at the time, d	ete and place, and du	e to the cause(e) end	manner as stated.	
١	(Orlock Orly)	t: On the basis of axamination						e(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU	MBED	204 DATE SION	ED (Month, Day, Year)
BE	8.01	) /	10 -		1025	-911-7	<b>&gt;</b> 5	19/00
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P.	rint)	1 1/23	171	3	11/10
	ERLYN TACK	_	D TEN	an	W Rn	Chareks	vice 1	m 2/529
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
	MAY 1 1 '90	y who Davidson	- Handoll					

oteri ne

1.51

Se notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.
NAME (First Middle Last)		2. DATE OF DEATH

	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
ľ	Mary Ju	ne Durity				May 8, 1	990	YEAR	4:05AM M		
	4. SOCIAL SECURITY NUMBER 5. S		n yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign		
	311 20 0303	□ M 2 🖟 F	66 YRS.	NTHS DAYS	NOURS MIN.	June 29,	1923		hio		
_	9a. FACILITY NAME (If not institution, give street a	nd number)	96		R LOCATION OF DE		1	NTY OF D			
DIRECTOR	5011 Hollywood	Drive		Co11	ege Park		Prin	ce G	eorges		
E C	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?		
ă	Maryland Princ	ce Georges	C	ollege	Park				1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5011 Hollywood I	) min o		101	ZIP CODE			IZEN OF 1	WHAT COUNTRY?		
NEI			116 40450	1 40 1110 050	THE PARTY OF LUCEAU	10 00101112 (0-1-14- V	USA	44 BAG	P. American Indian		
BY FU	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe		IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No-		E — American Indian, k, White, etc. "White		
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	IN Material	16a. DECEDENT'S US	UAL OCCUPATIO	N et of working	16b. KIND OF BU	ISINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) Co	llege (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	or working						
MP		N/A	Opera	tor				ephoi	ne Co.		
ဗ	17. FATHER'S NAME (First, Middle, Last) Frederick Ha	okine				ME (First, Middle, Maide					
BE	19a. INFORMANT'S NAME (Type/Print)	SKIIIS	T 405 MAILING AC	IDBECC /Ctmat o		nia McKel		o Codel			
2	Carole DiLodovico					Fairfax,			,		
	20a, METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITI				OCATION -				
	1 Paurial 2 Cremation 3 Removal :	from State	other place) Fort	Lincolr	Cemeter	y Bre	ntwo	od. N	1d.		
	21. SIGNATURE OF FUNDIAL SERVICE LICENSI	EE// //			D ADDRESS OF FAC						
	· VAIIIN NX	enalde						cina	Md. 20904		
	23. PART I. Enter the diseeses, Dr comp								Approximate		
	ahock, of heert fallure. List  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  a	Colonar	enurt	to here	1 Non	estaris			Interval Between Onset end Death		
2	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b.										
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING										
H	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE DF):								
EB	resulting in death) LAST					-					
	PART il. Other eignificent conditions co	entributing to death be	ut not reaulting in	the underlying	ceuse given in	Part I. 24a. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICAL						1 _ YES	- 4		COMPLETION OF CAUSE OF DEATH?		
¥						_		- 1	1 - YES 2 100		
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PI	ACE OF DEATH (Ch	eck only one)					
YSI		Inpetient 2 ER/Outp	atlant 3 DOA 4	☐ Nursing Horr	e 5 Residence						
F	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	26b. TIME (	Y WC	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY O	CCURED			
BY	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY				261. LOCATION (Stree	t and Numbe	er or Rural	Route Number,		
COMPLETED	4 Homicide 6 Could not be datarmined	building, atc. (Spec	elly)			City or Town, Stat	e)				
ة	29a. CERTIFIER Check only	: To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(a) and m	anner äs st	ated.			
8	one) 2 MEDICAL EXAMINER: O	n the besis of axamination	n and/or investigation,	in my opinion, d	eath occured at the	time, data and place,	and due to t	the cause	(s) and manner as stated.		
BEC	296. SIGNATURE AND TYPLE OF CERTIFIER	1/1			29c. LICENSE NUI		29d. DA	TE SIGNE	D (Month, Day, Year)		
TO B	STOWNS (4)	Cofe ,	XV		050	352	<b>P</b> <	7 -	8-70		
	30. NAME AND APORESS OF PERSON WHO EX Harvey I. Katzen, I	0	reenway C		Greenbe	elt, Md.	Sui	te 2	15		
	31. DATE FILED (Month, Day, Year) WAY 1 0 90		ATILOR								
_	MAT T U 3U	Juna Havidson	who Davidson-Rondoll								

BALTIMORE, MARYLAND 21203-3146

31. DATE FILED (Month, Day, Year)
MAY 1 4

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. THU N. TRAN 6701 N. CHARLES

32. REGISTRARY SIGNATURE. Jundon Randolle

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	CTATE OF MADVIAND	/ DEDAG	OTMENT OF	JEAITH AND	MENTAL UVC	ENE	U	140	1 60
	1 - STATE REGISTRAR	STATE OF MARYLAND		ICATE OF		MENIAL RIGI REG.				
$\neg$	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR 3. TI	ME OF DEATH	н
	EDITH CAROL	DEVANEY				05-13-9			1:30	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea.		. BIRTHPLAC Country)	E (State or Fon	reign
	220-40-2000	1 □ M 2 □XF 46	YRS.			10-23-1	943	BALTI	MORE_	
E I	9a. FACILITY NAME (If not institution, give st GREATER BALTIMOR		ER		OR LOCATION OF DI LTIMORE	EATH		TOWSO!	N	
5	RESIDENCE OF DECEDENT			TY. TOWN OR LOCA				1		
DIRECTOR	MD.	CARROLL		Hampste					INSIDE CITY LIMITS? YES 2	NO
ERAL	1326 N. MAIN S	T #11		10	21074			IS A	COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S.A.I FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			II yes, s		NIC ORIGIN? (Specify an, Puarlo Rican, atc. fy:		Black, Whi	merican India: ta, atc. White	
ETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life, Do NOT o		ION ost of working	16b. KIND OF	BUSINESS/INDU	STRY		
COMPLETED	10 th grade 17. FATHER'S NAME (First, Middle, Last)		Hous	ewife		AME (First, Middle, Ma				
BE	William Allmar	1				yn Carte				
5	19a. INFORMANT'S NAME (Type/Print)  James F. Devane	y y				Houte Number, City or Hampstea			74	
	20a METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from State 20b. PLA	r place)		emetery, cremetory or al Garder		inksbur			
	21. SIGNATURE OF FUNERAL SERVICE LICE		recals	22. NAME /	AND ADDRESS OF FA		e Funer	al Hom	ne	
	23. PART I. Enter the diseases, Dr ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause on each	lina.				papiratory arre	et,	Approxima Interval Be Onset and	etween
	resulting in death)	DUE TO (OR AS A CON	SEQUENCE (	OF):	RY ARRES ICAL CAN					
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A COM			TONE ON	OLIV				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CON	ISEOUENCE (	OF):				İ		
- 1	PART II. Other algnificant condition	ne contributing to death but n	ot maulting	In the underly	ng cause gluen ir	Bort I 240 Wh	S AN AUTOPSY	24b WEB	RE AUTOPSY FII	INDINGS
PHYSICIAN: MEDICAL						PE	RFORMED?	AWA! COM OF E	LABLE PRIOR 1 IPLETION OF C DEATH?	TO
N: W								1 [	YES 2 N	10
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatien	nt 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	heck only one)  8  Other (Specify,				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	JURY W	JURY AT PORK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCC	JRED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm	, street, factory, off	ica	281. LOCATION (Si City or Town,	reet and Number of State)	r Rural Route	Number,	
COMPLETED	one)	GICIAN: To the best of my knowledge ER: On the basis of examination and							l menner as s	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	iR a			29c, LICENSE NU	JMBER	29d. DATE	SIGNED (Mor	oth, Day, Year)	
TO BE	Thu	W h.	m	- Order	G R M			113/		
_	30. NAME AND ADDRESS OF PERSON WI	ALL COMPLETED CAUSE OF OFATH.	11 (EM 27) /Ba	no Drint1	t : 13 V/	4 .				

TOWSON, MD.

G.B.M.C. STREET

deta		000
2		10
5 should		notified
page		pe
firector,		r must
funeral c		examine
in by the	remova	edical
Flled	In. or	E B
ompletely f	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	thed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
and o	to buria	matic
hysiciar	prior :	or trau
Jing p	ygiene	othe
atten	Hall H	V. 01
the /	d Me	injur
ed by	th an	any
n sign	f Heal	OWS
s pee	pt. o	3 sh
ha	0	1 2
ficate	State	iten
erti	the	0
this c	with	rked.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /		TMENT OF H		MENTAL HYGIEN	_			
	1. OECEOENT'S NAME (First, Middle, Last)  ALBE			vis		2. OATE OF OEATH DO MONTH DO MAY 2		3. TIME OF DEATH  0525 M		
	4. SOCIAL SECURITY NUMBER  2/4-28-8344  9e. FACILITY NAME (If not institution, give street or	M 2 - F 66	t birthday) YRS.	s. MONTHS DAYS HOURS MIN. (Month, Day, Year) APR. 14, 19			Co	RTHPLACE (State or Foreign unity) LLARDS, MD		
TOR	Peninsula General Ho	spital		Salisbu	ry, MD		Wicomico			
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND WICOMIC	00		, TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1 TYES 2 X NO			
RAL	10e, STREET AND NUMBER				ZIP CODE			F WHAT COUNTRY?		
BY FUNERAL	1 Name Married 2 VV Married	OME PARK  MAS DECEDENT EVER IN U.S. AR FORCES? 1 TYPES 2 N FYES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.)	В	ACE — American Indian, leck, White, etc.		
COMPLETED	15. DECEDENT'S EOUCATIOI (Specify only highest grade compile temperature) (9-12) Col	eted) (G	ive kind of v Do NOT us	USUAL OCCUPATION Work done during more retired.)  MILL OP:	at of working	AGRI	SINESS/INOUSTR			
BE	17. FATHER'S NAME (First, Middle, Lest) IAMES DAVIS  190. INFORMANT'S NAME (Type/Print)				JENNI	ME (First, Middle, Melden E TRUITT				
2	BETTY M. DAVIS					Route Number, City or Tow K. SALISBU				
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Removal for Donation 5 Other (Specify)	rom State 20b. PLACE other place E	OF DISPOS	REEN CEM	netery, cremetory or ETERY		BERLIN.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Das		HAST1		RAL HOME				
CERTIFICATION	23. PART I. Exter the diseases, or complications that cluster the death. Do not anter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause or sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But to low as a consequence or incomplete cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  Approximate interval Between Onset and Dasth  Due to low as a consequence or incomplete cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions con	ntributing to death but not r	reaulting i	n the underlyin	g cause givan in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIA		SPITAL:	□ DO4	OTHER:	ACE OF DEATH (Ch					
ВУ РНУ	27. MANNES OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT	8 Other (Specify) 26d. OESCRIBE HOW	INJURY OCCURE	0		
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, i	street, factory, offic		26f. LOCATION (Street City or Town, State)		ral Route Number,		
COMPLETED	000	To the bast of my knowledge, de the basis of examination and/or						se(e) and manner as stated.		
TO BE	29b. SIGHAPHIE AND TITLE OF CENTIFIER	218	7		D204			NED (Month, Day, Year)		
-	Joseph Raffetto				Salisbu	uy, Md. 2	1081			
5	MAY 08°90	32. REGISTRAR'S SIGNATURE	02							
								DHMH-16 Rev 1/89		

90		•	~
phet	as		
Jr at	USB		
lal	ğ		
ospi	thed		eš.
9	etac		ne
y th	pe o		at
bg th	pin		Pe
tain	sho		Ē
9	9		2
ay b	pag		2
E 9	ctor,		TUS
Page	dire		19
ath.	nera		Ē
er de	the fu	2	ex2
s afti	5	emo	dica
N.	E P	0	E
	y fille	ation,	the
within	plete	Cremi	ent,
fed	EO.	lal,	. 6
поех	and.	Ď	atic
90	ian	01 10	FINE
ate	nysic.	DIG.	r tr
ertific	ng pr	glene	othe
th co	lendi	Į.	6
dea	e att	Aemte	un'
of the	by th	pue	三
th si	Dong	atte	30
adnire	en sig	He He	how
J MB	s be	ept.	23 8
The	te ha	ate D	Em.
IAN:	rtifica	le St	or it
YSIC	s ce	#	d,
PH	T T	JA W	arke
DING	Afte	deat	E
TEN	TOR:	after	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within in after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	AL C	2	# #
SPI	INER	thin	N
E H	E FL	M P	FITA
五日	五二	e file	MPO
F	F	ವ	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYGIENI				
	1. DECEDENT'S NAME (First, Middle, Last) Helen Elizabeth Di	xon				2. DATE OF DEATH MONTH MAY 3,	1990	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5	s. SEX 6. AGE (In y	"	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	6. BIRT	THPLACE (State or Foreign nitry)  MD		
OR	9a. FACILITY NAME (If not institution, give stree Union Hospital of	,		Elkto	n LOCATION OF DE	DEATH Oc. COUNTY OF DEATH Cecil				
DIRECTOR	10e. STATE 10b. COUNTY  MD Ker	n <del>†</del>		town on Locat Lena	ION		10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
3	10. STREET AND NUMBER 160 Main Street	10			. ZIP CODE 21635		WHAT COUNTRY?			
B Company		2. WAS DECEDENT EVER IN U. FORCES? 1 YES :		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bia	CE — American Indian, leck, White, etc.				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) College (1-4 or 5+)	Give kind of wo life. Do NOT use	rk done during mo retired.)	ON st of working	16b, KIND OF BUS	INESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last)  Lee Matthews					ME (First, Middle, Meiden : y Brown	Surname)			
TO	Betty Jane Davis (		Warw	ick, MD	2191					
	20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Removi  4 Donation 5 Other (Specify)  21. SIGNATURE OF FONERAL SERVICE LICEN	ni from State of	ther place) Zio	n Cemet		O	ecilton			
	Lary B.	Fellows		Fello 226 E	ws Funer . Main S	al Home treet Ceci	lton,MD	21913		
	23. PART I. Enter the diseases, pr cor shock, or heart failure. Lis IMMEDIATE CAUSE (Finsi	nplications that caused the control one cause on each	ha daath. Do no h Ilna.	t antar tha mo	da of dying, auc	h aa cardiac or reapii	atory arrest,	Approximate interval Between Onset and Death		
	disease or condition resulting in death)	Dilative DUE TO (OR AS A CO	cardior	wopathy	with ch	ronie CHF.		4 yrs.		
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):	:						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
AL CE	PART II. Other significant conditions					PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICAL	Mental deterio  Mild diabates		bly sene	ndary 1	the CF	1   YES 2	<b>™</b> NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)				
SIC		HOSPITAL:		OTHER:	e 5 🗆 Rasidence	8 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT IRK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, sti	reet, factory, offic	•	281. LOCATION (Street e City or Town, State)	nd Number or Rura	al Route Number,		
COMPLETED	anal and	AN: To the best of my knowled On the basis of exemination a			leath occured at the	time, data and place, an		e(a) and manner es stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER WAlles	an mo			29c. LICENSE NUI		▶9Mc	ED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO Wallace Obensha	in.M.D.						(		
	MAY 10 '90	32. REGISTRAR'S SIGNATION DAVID	on-Randel	2.						

a 75 c

bilative eardiographic with chronic Chr.

Mental deterioration probably sepondary to the CMF.

0-07729

Wallace Obenebaln, M.D.

DIVISION OF VITAL RECORDS, P.O. BC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic
DISINIG	TO THE HOSPITAL OR ATTENU	TO THE FUNERAL DIRECTOR:

	1	FOR STATE REGISTRAR	STATE OF M	MARYL	AND /	DEPAR	TMENT	OF H	EALTH DEAT	AND MI	ENTAL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	LKIN:	5	Lut	,		kins		alternative and the second	DATE OF OEATH	ž - 0	YEAR 90	3. TIME OF DEATH 1250 A M
	i	4. SOCIAL SECURITY NUMBER 215-22-9620	5, SEX	6, AGE (	(In yrs. last	birthday) VRS.		DAYS	IF UNDER	MIN.	OZ/IZ/Z	18	Ken	tucky
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		99. FACILITY NAME (If not institution, give st Anne Arundel General RESIDENCE OF DECEDENT		ital			эь. citv, Anna			ON OF DEAT	н / /	ec. COUN		eath land
DIRECTOR	- 11	10a, STATE 10b. COUNTY	George'	s			vie	LOCATI	ON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		13031 Forest Dri							ZIP CODE	15		Unit	ed :	what country? States
E A		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES	2 N		H	yes, spe		n, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)		Blac	E — American Indian, k, Whita, atc. iny: Casian
LETED		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5	+)	(Gi	ve kind of a Do NOT us		ring mos	N t of worldn	g	16b. KIND OF BUS			
COMPL		1.2 17. FATHER'S NAME (First, Middle, Last)	0		Own	er Ma	anage	r	10 MOTH	ED'C MAME	Equipme:		ası	ng Company
		Furban	Elkins	5						lla		ejoy		
2 0		19a. INFORMANT'S NAME (Type/Print)			191	. MAILING	ADDRESS	Street a	d Number	or Runii Ro	ute Number, City or Tow		Code)	
1 P		Timothy R. Haszar	d		8:	395	/inel	and	Cour	t Mi	llersvill	e, Ma	ry1	and 21108
must be		20a, METHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Remote 4 Donetion 5 Other (Specify)			other pla	ece)	demor	ial	Gard	lens	Pavi	cation – c dsonv		wn, State e, Maryland
medical examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	Evas	ns		Pas		Beal	ll Ev		unv Funeral H Bowie			
the		23. PART f. Entar the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	use on e	bol		Co	mo	de of dyi	ng, such	as cardiac or resp	retory stre	est,	Approximate interval Between Onset and Death
or other traumatic en		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	e met	-ast	ali	QUENCE O	Say	lan	Co	, Co	oflu	3		1 mo
shows any Inju		PART II. Other significant condition	s contributing to	death b	but not i	resulting	in the und	lerlying	cause (	given in P	art I. 24s. WAS AN PERFOI	RMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Item SICI	5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ER/Out	patient 3	DOA	OTHER	:		EATH (Chec	k only one)			
s marked, or BY PHY		27. MANNER OF OEATH  PART Natural 5 Pending investigation	28s. DATE O	F INJURY Day, Year)		28b. TR	NE OF JURY M		URY AT RK? 'ES 2		28d, DESCRIBE HOW	INJURY OCC	URED	
28 is		3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE ( building	OF INJURY , atc. (Spe	Y — Al ho	ome, farm,	street, facto	ry, offic			261. LOCATION (Street City or Town, State		or Rural	Route Number,
be filed within 72 hours IMPORTANT: If Item TO BE COMPLET		29a. CERTIFIER (Check only one)  29a CERTIFYING PHYSI (Check only one)  2												(a) and manner sa stated.
ORTA 3F C		29b. SIGNATURE AND TITLE OF CERTIFIE	R ( ( )							ENSE NUME			- 1	O (Month, Day, Year)
E CT		30. NAME AND ADDRESS OF PERSON WH					a, Print)	B	الما	261 C	77 m5ton	m	1/3	211140
		31. DATE FILEO (Month, Day, Year) MAY 08 90	32. REGISTR	AR'S SIGI	NATURE		100		1 A 52	, _	,	*****	~ (	

DHMH-16 Ray 1/89

	0	ag	
	TI 3)	ď.	
	9	Cto	
	30e	dire	
	47	2	
	leath	fune	
,	fter d	the oval.	
	S at	LE DY	-
Ì	3	D 10	
	2	fille	
	işi,	etely	
ì	*	Se al	
	uted	co rial	
	Deci	and	
	90	ian or to	
	ate	ysic	
	tifica	ph ene	
	183	Hygi	
	eath	atter	
	b e	Me	
	at th	P P	
	S th	Ith Ith	
	uire	sig. Hea	
	Deu	of	
	J.	as b	
	He H	ate [	
	AN.	ifica Sta	
	SICIA	cert	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 :: Just after death. Page 6 may by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	
	ING	After	
2	QN	R. A	
,	E	E at	
	OR /	DIRE	
	AL (	77	
	TIM	ERA in 7	
	HOS	FUN WITH	
	HE	문	
	TO	O T	
	-	- 0	

'90

	_1	- STATE REGISTRAR				CERTI	FICATE	OF		ГН		REG. NO.			
	1	1. DECEDENT'S NAME (First	I, Middle, Last)			d					2. DATE	OF DEATH	IV.	YEAR	3. TIME OF DEATH
		Pearl	Irene	EICHELB	ERGER						Apr		199		11:55 A.
$\vee$		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last birthde	MONTHS	1 YEAR	IF UNDER			OF BIRTH h, Day, Year)		8. BIRT	HPLACE (State or Foreign
- 1		217-28-2229		1 M 2 F	70	YRS	WONTHS	DAYS	HOURS	MIN.			1920		Briar, Md.
1		9e. FACILITY NAME (# not is	nstitution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE			9c. COU		
DIRECTOR		Washington		Hospita	.1		Hag	gers	town				Wa	ashi	ngton
12		10a. STATE	10b. COUNT	Y		10c.	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
	- 11-	Maryland	Washi	ngton			Hagers	stow	n						1 TES 2 NO
FUNERAL		10e. STREET AND NUMBER	ı					101	. ZIP COD				10g. CIT	ZEN OF	WHAT COUNTRY?
l iii		Rfd. 3 Box	176M						217	40			U.	S.	
1 5		11. MARITAL STATUS	1	12. WAS DECEDED FORCES?								N7 (Specify Yea Rican, atc.)	ar Na—	14. RAC Black	CE — American Indian, ck, White, atc.
BY	Ш	1 Never Married 2 3 Widowed 4 Div		IF YES, GIVE					2 X NO			,			% hite
		15, DE	CEDENT'S EDU	CATION COMPOSITE OF THE PROPERTY OF THE PROPER		16a. DECEDEN	"S USUAL Of	CCUPATIO	ON set of world	200	168	. KIND OF BUS	SINESS/INC	USTRY	
		Elamentary/Secondery (		College (1-4 or 5	+)	Me. Do NO	use retired.)	admig mo	ot or works	· · ·					
기 를	L	8				House	wife					Home	make:	r	
once. COMPLETED		17. FATHER'S NAME (First, A				7-61			16. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
E a	L	Harry Wis	е						P	earl	Iren	e Chur	chey		
TO BE		19e. INFORMANT'S NAME (	Type/Print)									ber, City or Tow			
2 5	L	Shirley K.	Myers			Rfd	. 3 Bo	ox 1	76M	Н	ager	stown,	Mar	ylar	nd 21740
st pe		20e. METHOD OF DISPOSIT	TION	oval from State	20b.	PLACE OF DIS	POSITION (Na	me of cer	netary, crei	matory or		20c. LO	CATION —	City or 1	Town, State
must	L	4 Donation 5 Dothe	r (Specify)		_ Ro	se Hil						Ha	gers	towr	n, Maryland
all le		21. SIGNATURE OF FUNERA	-	1 1 1 1 1 1	1 1		22.	NAME AI	ND ADDRE	SS OF FA	CILITY	760	6 Po	onak	oro Pike
exam		John H	. Bast	Jr.	2005 1	N	B	AST	FUNE	RAL	HOME	_			Md. 21783
the medical examiner		23. PART I. Enter the o	diseases, or heart failure.	complications th List only one ca	use on aad		not enter	the mo	de of dy	Ing, suc	h ee csr				Approximate
2	- 18	diseese or condition resulting in deeth)	<b>→</b>	CAR	DIA	c - 7	ESP	IRA	TOR	7	17.8	REST			Interval Between Onset and Deat
or other traumatic ex RTIFICATION			tione, ediate / ING	c	O (OR AS A C	CONSEQUENCE	OF):	IRA	TOR	7	AR	PRES 7			
of rearm and wentar hygiene proor to burial, cremit hows any injury, or other traumatic event, MEDICAL CERTIFICATION		Sequentially liet condi- if sny, leading to immocause. Enter UNDERLY CAUSE (Disease or injutat initiated events resulting in deeth) LA:  PART II. Other significations of the content of t	tilone, ediate (fing ury ST	d. DUE TO	O (OR AS A CO O (OR AS A CO O death but	consequence it not result!	of):			<i>)</i>		24s. WAS AN PERFOR	AUTOPSY RMED?	24	
theatm and wernar hygere proor to buria, hows any injury, or other traumatic er MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immocause. Enter UNDERLY CAUSE (Disease or injured that initiated events resulting in deeth) LA:  PART II. Other significations of the TAST PRIMARY.  28. WAS CASE REFERRED EXAMINER?	tilone, ediate (fing ury str	d.  DUE TO  d.  ARA (  ARA)  ARA (  ARA)  HOSPITAL:	O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO) (OR	consequence  it not resulting  m 4  m 4  m 4  m 4  m 4  m 4	of):	BALLER PORTS	g cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY RMED?	24	Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
the State Lept. of realm and werna hygere proof to burial or liem 23 shows any injury, or other traumatic en IYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or Injustice and International International International International International International International International Internation	tilone, ediate (fing ury str	d. DUE TO	O (OR AS A (O OR AS A (O O O O O O O O O O O O O O O O O O	it not resulting the state of t	OF):	26. PN	g csuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY RMED?		Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
red, or item 23 shows any injury, or other traumatic en PHYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in deeth) LA:  PART II. Other signific  PART II. Ot	tilone, ediate (fing ury ST T C T C T C T C T C T C T C T C T C	d. DUE TO	O (OR AS A (O OR AS A (O O OR AS A (O O O O O O O O O O O O O O O O O O	it not resulting the state of t	OF):	26. PR:	g cause	given in	Part I.	24s. WAS AN PERFOR	AUTOPSY RMED?		Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
marked, or item 23 shows any injury, or other traumatic or BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or In) that initiated events resulting in deeth) LA:  PART II. Other signific  PART II. Other signific  PART II. Other signific  PART II. Other signific  PART II. Other signific  PART II. Other signific  PART II. Other signific  I PRIMARY  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Natural 5 Accident	tione, ediate (/ING ury street condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / T/ condition / C/ condition / T/ condi	DUE TO  d	O (OR AS A (O OR AS A (O O O O O O O O O O O O O O O O O O	consequence  it not result!  m 4  it not result!  m 4  it not result!  and and and and and and and and and and	OF):  OF):  OF):  OTHEI  A UNITIME OF INJURY M	26. PR: sing Hon 28c. IN. W.	g cause  A IA  LACE OF E  TO 5   R  JURY AT  JINK?  YES 2 [	given in	Part I.	24a, WAS AN PERFOR 1 TO YES 2  or (Specify) SCRIBE HOW I	AUTOPSY RMED?	CCURED	Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
lean with the State Lept. or hearm and wental hygene pror to buria.  marked, or liem 23 shows any injury, or other traumatic en  BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or Injustice) that initiated events resulting in deeth) LAST PART II. Other significations with the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the	tione, ediate (/ING ury street condition of the condition	DUE TO  d	o (or As A (o o death but o death death but o death bu	consequence  it not resulting  m 4  a m 4  a m 0 m  thent 3 Do  28b.  At home, fer	OF):  OF):  OF):  OTHEL  OTHEL  A   Nur  TIME OF  INJURY  M  m, street, fact	26. PH. 28c. SN. 28c. SN. 28c. SN. 28c. SN.	g cause	given in	Part I.  Beck only of the second of the seco	24e. WAS AN PERFOR	AUTOPSY AMED?	CCURED or or Rura	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If Item 28 is marked, or Item 23 shows any injury, or other traumatic en MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or injustice in that initiated events resulting in deeth) LAST PART II. Other significations of the sequence	tione, ediate (ING ury ST Condition of the Condition of t	DUE TO  d	O (OR AS A (O OR AS A (O O O O O O O O O O O O O O O O O O	consequence at not resulting at not resulting at a comp	OF):  OF):  OF):  OTHEL  OTHEL  A   Nur  TIME OF  INJURY  M  m, street, fact	28. P. R.: Sing Hon 28. IN. W. Y.  tory, office	g cause  A IA  LACE OF I  BRAY AT  SHEET  SH	given in	Part I.  S Oth  28d. DE  28f. LO- City	24e. WAS AN PERFOR	AUTOPSY SMED?	CCURED or or Bura	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IT NEW 28 IS MATREL, OF NEW 23 SHOWS ANY INJUTY, OF UNITED MANIEUR CAPRIL, WPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or injustice) in the initiated events resulting in deeth) LA:  PART II. Other significations of the image	tilone, ediate find ury ST Condition of the find ury ST Condition of the find the fi	DUE TO  d.  DUE TO  d.  ARA  ARA  ARA  ARA  BOSPITAL:  1   inpatient 2  28e. DATE O (Month,  28e. PLACE building  CIAN: To the best of	O (OR AS A (O OR AS A (O O O O O O O O O O O O O O O O O O	consequence at not resulting at not resulting at a comp	OF):  OF):  OF):  OTHEL  OTHEL  A   Nur  TIME OF  INJURY  M  m, street, fact	28. P. R.: Sing Hon 28. IN. W. Y.  tory, office	g cause  A A  LACE OF I  BRK?  YYES 2 [  Be end place  death occur  death occur	given in  DEATH (Chi  lesidence  NO	Part I.  seck only c  8  Oth  281. LO  City  to the ca	24e. WAS AN PERFOR	AUTOPSY IMED?  INJURY OC  and Number  Inner ee sta	CCURED or or Rura	Onset and Death
IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or injustice in that initiated events resulting in deeth) LAST PART II. Other significations of the sequence	tilone, ediate find ury ST Condition of the find ury ST Condition of the find the fi	DUE TO  d.  DUE TO  d.  ARA  ARA  ARA  ARA  BOSPITAL:  1   inpatient 2  28e. DATE O (Month,  28e. PLACE building  CIAN: To the best of	O (OR AS A (O OR AS A (O O O O O O O O O O O O O O O O O O	consequence at not resulting at not resulting at a comp	OF):  OF):  OF):  OTHEL  OTHEL  A   Nur  TIME OF  INJURY  M  m, street, fact	28. P. R.: Sing Hon 28. IN. W. Y.  tory, office	g cause  A A  LACE OF I  BRK?  YYES 2 [  Be end place  death occur  death occur	given in	Part I.  seck only c  8  Oth  281. LO  City  to the ca	24e. WAS AN PERFOR	AUTOPSY IMED?  INJURY OC  and Number  Inner ee sta	CCURED or or Rura	Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially liet conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or injustice) in the initiated events resulting in deeth) LA:  PART II. Other significations of the image	tione, ediate (/ING ury ST    ant condition    To MEDICAL    Pending Investigation    Could not be determined    RTIFYING PHYS    DICAL EXAMINITE    E OF CERTIFIE	DUE TO  d.  DUE TO  d.  ARC  ARC  ARC  ARC  ARC  ARC  ARC  AR	O (OR AS A (O O O O O O O O O O O O O O O O O O	consequence st not resulting my my telent 3 DO 28b.  At home, fer edge, death occ and/or investig	OF):  OF):  OF):  OTHEL  A   Nur  TIME OF INJURY M  In, street, fact  where the street is the street is the street in the street	26. Pl. 28c. IN. WX 1 Coopinion, of	g csuse  A IN  LACE OF I  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	given in  DEATH (Chilasidence  NO  e, end due  red at the  ENSE NU	Part I.  seck only of a Oth 28d. DE 28f. LO City of time, dat	24a. WAS AN PERFOR  1  YES 2  er (Specify)  SCRIBE HOW ( CATION (Street or Fown, State)	AUTOPSY IMED?  INJURY OC  and Number  and due to to	PICURED or or Rura	Onset and Death

0.104

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimense filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner missing the properties of the prope

12

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH		MENTAL HYGIE REG. N			
. DECEDENT'S NAME (First, Middle, Last)		100				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Willia	m F. Ewin	g. Sr.					5	90	10:07 pm
SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	-	8. BIRTI	HPLACE (State or Foreign
222-01-9421	1 💢 M 2 🗆 F 7	4 YRS.	MONTHS	DAYS HOURS	MIN.	09 13	15		yland
. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, 1	OWN OR LOCAT	ON OF DE	ATH	9c. CO	UNTY OF E	EATH
Memori	al Hospit	al		Eastor	1			Tal	bot
ESIDENCE OF DECEDENT									BROWN POWER
Maryland Car	oline		ry, town on						10d. INSIDE CITY LIMITS?
1	OTTHE		1636						1 YES 2X NO
STREET AND NUMBER	D			10f. ZIP COL		_			WHAT COUNTRY?
Route 1 Box 97					165			USA	
MARITAL STATUS  Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES					IfC ORIGIN? (Specify n, Puerto Rican, atc.)	Yes or No-	14. RAC Blac	E — American Indian, ck, White, atc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR	DATES	1 [	YES 2 X NO	Specify	r:		Spec	
15. DECEDENT'S EDUC	TION	16a. DECEDENT'S	LISHAL OCC	MIDATION	-	16b, KINO OF	RUSINESS/II		nite
(Specify only highest grade of	ompleted)	(Give kind of	work done du	ring most of work	ing	100, KINO OF	303IIVE33/II	NOODINI	
Elementary/Secondary (0-12)	College (1-4 or 5+)					211+4	omot.	i 370-	used
ATHER'S NAME (First, Middle, Last)		dealer		40 140	MEDIE MA	ME (First, Middle, Maid			abea
Frank A. Ewing				100		Tyler	en sumame,	,	
		464 4444	0 4000-01			Route Number, City or	Tour Co-1-	Zin Carl-1	
C. S. C. D. D. There's C.		The second second second				comb, Mi		1653	
Sarah P. Ewing			_						
be. METHOD OF DISPOSITION 5/ Commention 3 - Remo	yal from State	other place)					LOCATION		
□ Donation 5 □ Other (Specify)		Junior		r Ceme			rest	on,	MD
. SIGNATURE OF FUNERAL SERVICE LICE	NSER					eral Ho	me.		
JOHN R.	MERCE	Raw				ryland			
seculting in death)  Sequentially list conditions, f sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in deeth) LAST		A CONSEQUENCE	OF): 0			, larg			
ART II. Other algnificent conditions  Multi- Be	contributing to deeth	but not resulting	in the unc	alop alu	given in	PER	AN AUTOPS FORMED?	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF	DEATH (C)	neck only one)			
1 YES 2 NO	1 ☐ Inpetient 2 ☐ ER/O	utpatient 3 DOA			Residence	8 Other (Specify)			
MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year,		ME OF	28c, INJURY AT WORK?		28d. DEŞCRIBE HO	W INJURY	OCCURED	
1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2	□ NO				
3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (Sp		, street, facto	ry, office		281. LOCATION (Str. City or Town, S		ber or Rure	Route Number,
4 Homicide determined									
(Check only	CIAN: To the best of my kno								(s) and menner as stated.
9b. SIGNATURE AND TITLE OF CERTIFIER				29c. L	CENSE NU	MBER	29d. E	DATE SIGNE	EO (Month, Day, Year)
	1. Treve	n M.	$\mathcal{D}$	D	10	%	i i		7-90
0. NAME AND ADDRESS OF PERSON WHO				Land Land		1 3 6			
	x 297	East		111	211	601			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		~ 10,	/- 1a.	6-1	V 0 1			
MAV 0 9 '90	SZ. REGISTRAN S SI	with Man	200						

should be detached for use as the burial-transit

hos	ache		ce.
the	det		00
5	d be		1 3
inec	NOU!		ē
refa	5 5		To la
8	age		90
TH.	or, p		E E
6 6	rect		Ē
S.	al di		ner
ath.	Juen		am
ar de	he fi	e .	ex
afte	5	mo.	Ica
OUIS	브	D 70	ned
24 h	file	Ou.	he
hin	tely	шар	f, #
W	тре	Cre	ven
urted	8	Julan,	lc e
99	and	0	mat
2	cian	100	Der.
cate	Shiysi	e pr	er t
ertif	DO I	gien	tio tio
5	риа	H	0
dea	att	enta	July,
the state of	4	S	Ī
that	De De	h ar	any
ires	signe	lealt	A8
nbe	neu :	0	Shov
WE	IS D	ept.	23
Be	e ha	9	E
3	ficat	Sta	=
SICIA	cent	the	0,
JH.	this	with	ked
NG	fter	eath	mai
Q	R: A	D in	-50
E	8	aff	28
OR )	SIRE	OURS	lem
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and corripletely filled in by the funeral director, page 5 should be detactive	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SPI	NER	hin	H
오	E	Wit	TTA
품	王	filed	00
2	2	2	Ξ

	FOR 1 - STATE	STATE OF M							MENTAI	L HYGIEN	lE	90	14318
	REGISTRAR		C	ERTIF	ICATI	OF	DEAT	ГН		REG. NO	).		. TIME OF DEATN
	1. DECEDENT'S NAME (First, Middle, Lest)	Lora	Fisher						MONTI		1.00	YEAR	1:50 AM M
i	4. SOCIAL SECURITY NUMBER 5	, SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	Apri 7. DATE	OF BIRTH	199	8. BIRTHPL	ACE (State or Foreign
- 3	213 54 5086	□ M 2 XXF	89	YRS.	MONTHS	DAYS	HOURS	MIN.	May	8 190	00	Country) Illi	nois
	9e. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF DEA	
OR	12113 Faith Lane				В	owie	Ma	ry1a	ind		Prin	ce Ge	orge's
ECT	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			10c. CIT	ry, Town (	OR LOCAT	ION					10	od. INSIDE CITY
DIRECTOR	Maryland Prince	George'	S	В	owie								LIMITS?
	10e. STREET AND NUMBER	8-				101	. ZIP COD	E			10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	12113 Faith Lane						207	15			Un	ited S	States
5	III	2. WAS DECEDENT FORCES? 1							NIC ORIGIN	? (Specify Ye	e or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Merried  3 X Widowed 4 Divorced	IF YES, GIYE W		No			2 X NO			DOMESTIC TOP 1		Specify:	White
	15. DECEDENT'S EDUCAT	FION	18e. Di	ECEOENT'S	USUAL O	CCUPATIO	ON			. KIND OF BU	JSINESS/INC		WIII C C
ETE	(Specify only highest grade co	mpleted) College (1-4 or 5+	(0	Bive kind of a. Do NOT u	work done ise retired.)	during mo	st of worki	ng					
1PL	11			Flor	ist				S	elf-E	mploy	ed	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'S NA	ME (First, I	Middle, Maider	n Surneme)		
BE (	Henry Lathrop						Lu	vina	Hos	tettle	er		
2	19e. INFORMANT'S NAME (Type/Print)		19							ber, City or Tox			
	Robert Hyatt Fish	er			2 Ca				Cro	fton l			
	20e. METHOD OF DISPOSITION  1 🕮 Burlet 2 🗆 Cremation 3 🗆 Remove	al from State	20b. PLACE other p	lace)								City or Town	
	4 Donation 5 Other (Specify)	ISEE	East	Lawn	22.	NAME A	NO ADDRE	SS OF FA	CILITY				Illinois
	171-5	5		0		Bea1	1-Ev	ans	Fune	ral Ho	-		
	Jour C.	COW	rvs_	Ph	300	2.0				Road I			- <del></del>
	23. PART   Enter the diseeses, or con ahock, or heart fellure. Lie				not enter	r the mo	de of dy	ing, auc	ch ae can	nec or reas	piratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1	2000	744	- 1	1	200	10					Onset and Death
	reaulting in death)	OUE TO	OR AS A CONSE	OUENCE	DF): /	'							124-4
z													
ERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE	OF):								
S	CAUSE (Disease or injury												
TIF	that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE	OF):								
CER	d.												1
	PART II. Other eignificent conditione	contributing to	deeth but not	reaulting	In the U	nderlyin	g ceuse	given in	Part I.		N AUTOPSY		PERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										1 TYES		0	OMPLETION OF CAUSE OF DEATH?
ME												1	YES 2 NO
ä													
2		HOSPITAL:			OTHE	R:	1		heck only o				
ΗXS	1 VES 2 NO	28e. DATE OF		28b. TI		_	JURY AT	lesidence	6 Othe	SCRIBE NOW	INJURY OC	CURED	
	1 Netural 5 Pending	(Month, D			IJURY M	W	YES 2 [	□ NO	1207,000				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At h	ome, farm,	, street, fac	tory, offic	:0			CATION (Stree		r or Rural Ros	ute Number,
TE	4 Homicide determined	J bunding,	etc. (Specify)	3					City	or Town, Stat	=)		
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge, o	leath occur	rred at the	time, date	end place	e, end du	e to the ca	use(e) end m	enner as sta	rted.	
OM	000)	On the basis of s	camination end/o	r Investigat	ton, in my	opinion,	death occu	ared at the	e time, det	end place,	end due to t	he ceuse(e)	end manner ee stated.
EC	295 SHATURE AND TITLE OF CERTIFIED	1	1		_		29c, LIC	ENSE NU		2	29d. DAT	TE SIGNED (	Worth, Oby, Year)
E C	Jamy 16	Jan	1	n	1:4	>	P	00	36	0	<b>•</b>	4/20	6/90
2	A PROPERTY OF THE PROPERTY OF	75 75	The Part of the Pa										77

31. DATE FILED (Month, Day, Year)

MAY 08 '90

32. REGISTRAR'S SIGNATURE Julia Savidson-Randalle

DHMH-16 Rev 1/89

(LEI)

)	DIRECTOR
	BY FUNERAL
	_
OHCG.	BE COMPLETED
20.00	BE
	2

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cermation, or removal.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		SIAIE UF N			ICATE C			MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, A	Middle, Last)			,				2. DATE OF DEATH		G. GR	3. TIME OF DEATH
	MABRE	ΞY	FC	STER	3			4/22/90	YAY	YEAR	4.54 AM M
4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA	IF UNDER	R 24 HRS.	7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign
578 60 9656		1 🕢 M 2 🗆 F	89	YRS.	MONTHS DAY	S HOURS	MIN.	(Month, Day, Year) 7 10 190	00	Count	ham. N.C.
9a, FACILITY NAME (If not inst	CILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR						ON OF DE			NTY OF E	
			NITEO								
PRINCE GEORGI	EDENT	SPITAL CE	NIER		CHE	VERLY			PRIN	CE GI	EORG
	10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Md	PG1	3		Lai	ndover.	Md					LIMITS?
10e. STREET AND NUMBER						101. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
2307 Colum	hia Pi	1200				20	725		TT	C A	
11. MARITAL STATUS	DIG I		T EVER IN U.S. ARI	4FD	13 WAS			NIC ORIGIN? (Specify Ye		S.A.	E - American Indian,
1 Never Married 2 Nover 1 Never Married 2 Nover 1 Nove		FORCES? 1 IF YES, GIVE W	☐ YES 2 ₩N	0	If yes		n, Mexica	in, Puerto Ricen, etc.)		Blac	k, White, etc.
	DENT'S EDU				USUAL OCCUP			16b. KIND OF BU	JSINESS/IN	DUSTRY	
(Specify only : Elementary/Secondary (0-1		College (1-4 or 5 -	Min	Do NOT us		most or work	ng				
6th				Flui	nber						
17. FATHER'S NAME (First, Mid	idle, Last)					18. MOT		ME (First, Middle, Maider	Sumame)		
unknown							un	known			
19a. INFORMANT'S NAME (7)7 Rachel Wat:			196	MAILING 2307	Columb			Route Number, City or To Landover			5
28e. METHOD OF DISPOSITION 1- Burlai 2 Cremation 4 Donation 5 Other (6	3 🗆 Rem	oval from State	20b. PLACE ( other pla	of dispos	emony Name o	cometery, cred	metory or emet	ery La	ocation –		
21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	) _ //	7 1	130	E AND ADDRE	PR	CILITY) GOOD	get	tu	ngial Home
23. PART I. Enter the disshock, or ha IMMEDIATE CAUSE (Fina disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injurthant initiated events resulting in death) LAST	art fallure.  al  bons, liate NG  y	a. Due To		CES HUENCE O HUENCE O	nges Yolan bua	teur dial	Lo D	ant fair	ilu	£	Approximate Interval Between Onset and Death
		d. (A	LEM	-	Len	9	7	fellem	2		+
PART II. Other significan	nt condition	s contributing to	death but not n	esulting	In the under	ying cause	given in		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	erip	heral	vasee	<u>lla</u>	n de	sea	De	1 TYES			OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					8. PLACE OF	DEATH (C/	heck only one)			
1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 R	lesidence	6 Other (Specify)			
	Pending nvestigation	28a. DATE OF (Month, D		28b. TIN	AE OF 28c	. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
3 Suicide 6 C	Could not be		OF INJURY — At he etc. (Specify)	me, farm,	street, factory,	office		26f. LOCATION (Street City or Town, State		er or Rural	Route Number,
and the state of the								e to the cause(s) and m			(a) and menner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	andan				290 LK	ENSE NU	MBER 80 4	29d. DA	TE SIGNE	D (Month, Dey, Year)
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU		W 27) (Type	a, Print)	I V	10	0-0		T/ e	42170
Viren	n	than	dar	•							
31. DATE FILED (Month, Day, )	(bar)	32. REGISTRA	AR'S SIGNATURE								
MAY UI 9U	3	rule Davidso	n-Randale								

tion or

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
th (	90	0 10
D	bi	P
aine	shoc	III
Tel Cel	S	5
y be	age	Pe
E	0,0	ST
9 9	rect	E
Page	20	100
ath.	пел	E
de J	al.	8
afte	D A	Ca
ULS.	int	De
E	lled n. o	-
2	atlo	=
Villa:	rem	E,
pe A	OMO.	8
Scut	o pr	He
ex	T S	Ë
200	rior	Iz
icat	phys of	-
ertit	ngie	=
th	Pue	0
dea	e att	7
the	the ball	三
that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funes have find within 72 hours after death with the State Dest, or Health and Mental Hydiene prior to burial, cremation, or removal.	J.
ires	sign	100
nbe.	of H	P
W	ed s	3
he	hair De	E
- :-	Stat	9
CIA	the	ò
1XS	is c	ed,
6	はま	ark
DIN	Afte	E
TEN	DR:	60
A	ECT	12
9	DIP	te
TAL	五四日	=
SPI	NEF	H
포	5.4	¥
丰	THE	5
2	22	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		SIAIL OI III	MILLEAN	CERTIF		F DEATH	MICHIA	REG. NO.			
1. DECEDENT'S NAME (First	SA A	Elisa Per	rier	FAT	H Fath		2. DATI	E OF DEATH	14	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	1	rs. last birthday)	IF UNDER 1 YEAR		(Man	E OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
579-02-3919		1 M 2 XF	9	3 YAS.			Ju	ily, 1	1896		nile
9a. FACILITY NAME (If not in Suburban Ho	ospita				Bethe	n on location of d sda	EATH			ntgon	
RESIDENCE OF DE	10b. COUN	TY		10c. CIT	Y, TOWN OR LOC	CATION					10d. INSIDE CITY
Maryland	Mont	gomery	Bethesda						LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER		397				10f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
7901 Charle	eston	Court				20	817			Chile	9
11. MARITAL STATUS  1 Never Merried 2 3 Widowed 4 Divi		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	an, Puarto		or No—	14. RACE Black Speci	— American Indian, k, Whita, etc. White
	CEDENT'S ED		18		USUAL OCCUPA		16	b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (		College (1-4 or 5 +		Ille. Do NOT us	ewife	most of working		Own	Home		
17. FATHER'S NAME (First, A	Aiddle, Last)			-		18. MOTHER'S N	, ,				
Dominique		er				Adeli	ne E	Bernard			
19a. INFORMANT'S NAME (						et and Number or Rural					20817
YVONNE F.		ers	205 84	7901		ston Cour	٠, ٥			City or To	
1 Burlet 2 Cremett 4 Donation 5 Othe	on 3 🗆 Ra	movat from State	ot ot	her place)		an Cremat	ory				oring MD
21. SIGNATURE OF FUNDA	AL SERVICE L	JCENSEE	/		22. NAME	AND ADDRESS OF FA	ACILITY	ervices	. Р.	Α.	
100	Mi	_B. Ch	1	M0082		3 Gist Av					MD 20910
23. PART I. Enter the c		complications that			not enter tha r	moda of dying, su	ch ss ce	rdisc or reep	iratory s	rrest,	Approximata Interval Batween
IMMEDIATE CAUSE (FI disease or condition resulting in death)		•			NTRIC	EULAR T	ACH	YCARI	DIA		Onset and Death
		M V	OR AS A CO	ONSEQUENCE O	FI ALCA	POTION	<i>†</i>	•			
Sequentielly list condi		b. 11/40	OR AS A CO	U I TU	1/14/41	RCMON					_
If sny, lasding to imme cause. Enter UNDERLY	ING	COR	WA	RY A	RTERY	DISFA	SE				
CAUSE (Disease or injusted events	ury	DUE TO	OR AS A CO	OR AS A CONSEQUENCE OF):					24.6		
resulting in death) LAS	ST	a ATHER	ROSC	LEROTI	c Ofr	DIOVASCU	LLAK	( DISE	SASE		
PART II. Other signific	snt condition	ons contributing to	daath but	not resulting	In the undariy	ring cause given in	n Part I.	24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
CONGES	TIVE	HEART	FA	ILURE	REF	Purk Esofat	AG-M	PERFOI	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
OF MAC CARE PERSON	DO MEDION	Т			7-	BI 40E 07 0	haat - 1				
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	ED/O-toat	ant 2 🗆 500	OTHER:	PLACE OF DEATH (C					
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIA	E OF 28c.	Iome 5 Residence		her (Specify) ESCRIBE HOW	INJURY O	CCURED	
	Pending Investigation	(Month, D	ny, Ybar)	IN		WORK? YES 2 NO					
2 Accident 3 Suicide 8 4 Homicide	Could not b	28a. PLACE O	F INJURY — etc. (Specify)	At home, farm,	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
Totales male		SICIAN: To the best of									a) and manner as stated.
	E OF CERTIF					29c. LICENSE NU		1			(Month, Day, Year)
30. NAME AND ADDRESS K	OF PERSON V	VHO COMPLETED CAUS	E OF DEATH	H (ITEM 27) (Type	a, Print)	1026	> +	1 mo	00	0/14	170
RVING 31. DATE FILED (Month, Day	MIZ	US, MD	5 B'S SIGNATI	413	CEDAK	LANE	#2	06C	SE	HES	0A,MD20814
MAY 1				- Randa	00_						

- 3

with the second

2 1 2

\*

---

A Contract of

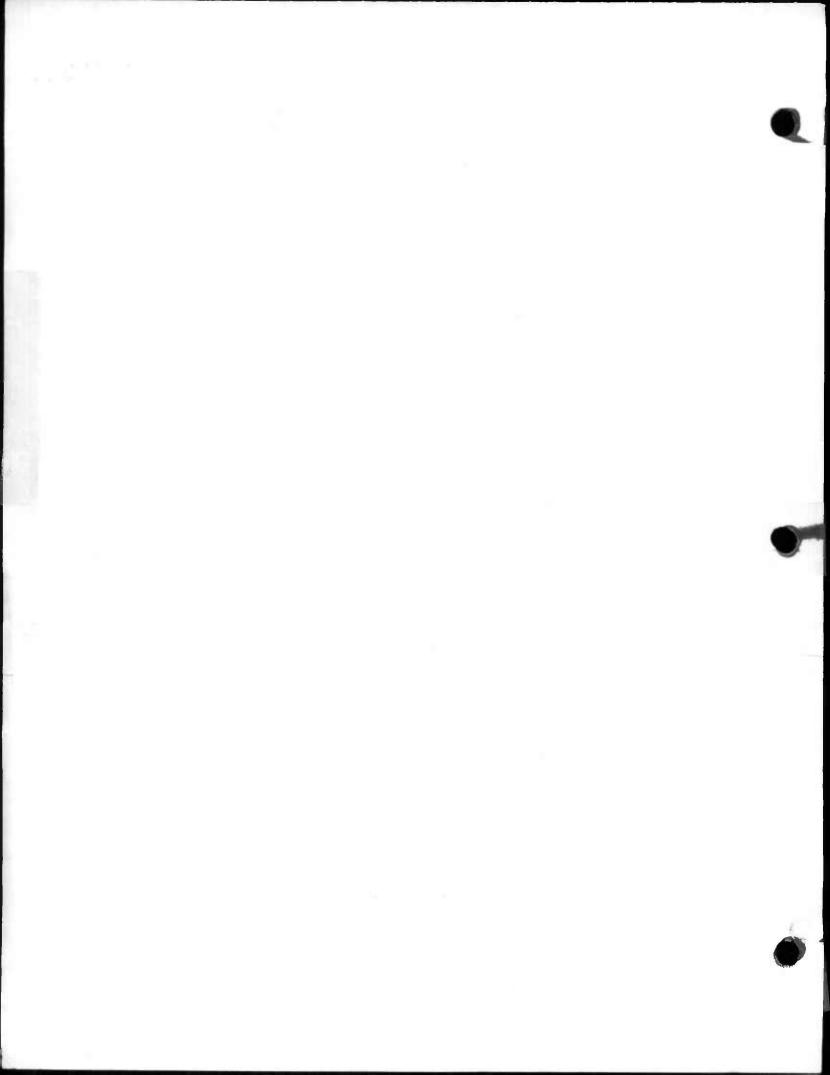
- ,

ۇ م	within
1314	executed
K	2
O. BC	Certificate
J.	death
S	the
	that
SECO.	ranidras
-	34
M	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SCOTAL DO ATTENDING DHYSICIAN. The law requires that the death certificate he executed within
/ISION	ATTENDING
$\leq$	9
_	COLTA

		FOR STATE REGISTRAR	TATE OF MARYLAND / DEPA CERTII	RTMENT OF H		MENTAL HYGIEN		0 14021
	,	1. DECEDENT'S NAME (First, Middle, Lest)  Edith Pearl	Fidee			2. OATE OF OEATH		3. TIME OF CEATH
	-41	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In yrs. lest birthdey	) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
onld	)	9a. FACILITY NAME (If not institution, give street a	M 2 F 92 YRS.			11-27-9	9c. COUNTY	EST VIRGINIA
2, 3 Sh	IOR	HOLY CROSS 1	tospital	Silver	SPRII	ng	Mon	tgomery
Pages 1,	ш	10a STATE 10b COUNTY	tanmery .	TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
ermit.	- 0	10e. STREET AND NUMBER	90,,,=1	SILVER SE	ZIP CODE		10g. CITIZEN	1 ☑ YES 2 ☑ NO OF WHAT COUNTRY?
lan. transit	NER	12928 Matey  11. MARITAL STATUS  12.	Kd,		20903	C ORIGIN? (Specify Ve	US	RACE — American Indian,
ling physic the burial-	BY FU	1 Never Married 2 Married	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, spe	ecify Cuban, Maxicar 2 NO Specify	, Puarto Rican, etc.)		Black, White, etc.  Specify: CAUCASIAN
or atten		15. OECEDENT'S EDUCATIO (Specify only highest grade comp	oleted) (Give kind o	'S USUAL OCCUPATION work done during mo- use retired.)		16b, KIND OF BU	SINESS/INDUST	RY
ched for	MPLE	12	HOM	EMAKER				
by the be deta	- 1	17. FATHER'S NAME (First, Middle, Last)  JAMES M. McKNIGHT			2.24	ME (First, Middle, Maider		
should should otified	0	19a. INFORMANT'S NAME (Type/Print)	1,004,004	NG ADDRESS (Street a		loute Number, City or Tox		do)
ay be re page 5		JOHN C. FISHER	20b. PLACE OF DISP	8 MATEY F		VER SPRIN	G. MARYI DCATION — City	
firector,		1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	EDON CEM				N, OHIO	)
er death. Page the funeral dire val.		21. SIGNATURE OF FUNERAL SERVICE LICENS	allins, Jr	FRANCI	S J. COL IVERSITY	LINS FUNE	RAL HOM	ME, INC. PR.,MD. 20901
Par Fill Fill Fill Fill Fill Fill Fill Fil		23. PART I. Enter the diseases, of compands, or heert fellure List  IMMEDIATE CAUSE (Final disease or condition resulting in death)	olications that caused the death. Do only one cause on each line.  Nephrotic Sympler to UP TO (OR AS A CONSEQUENCE		de of dying, aucl	n as cardiac or reap	iretory arrest	Approximata interval Between Onset and Death
h certificate be executed and ing physician and com Hygiene prior to burial, or other traumatic en	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	DUE TO (OR AS A CONSEQUENCE	OF):				
	AL	PART II. Other significant conditions co	ontributing to death but not resulting	g in the underlyin	g cause given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
requires that een signed to of Health a		***************************************				1 YES	2 110	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
The law te has t are Dept	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PI	LACE OF DEATH (Ch	eck only one)		
SICIAN: certifica the Sta	HYSI	1 YES 2 NO 15	Inpetient 2 ER/Outpetient 3 DOA  28a. DATE OF INJURY 28b. T	4 Nursing Hom	IURY AT	6 Other (Specify)  26d. DESCRIBE HOW	INJURY OCCUR	ED
N: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.  The law requires that the death certificate be executed within 24 mours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3/should State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.  Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		1 Netural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO			
RECTOR: Al after de m 28 ls	<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	n, street, factory, offic	:0	28f. LOCATION (Street City or Town, State		Rural Route Number,
OSPITAL DE JNERAL DIE Ithin 72 hou INT: If Ite	COMPL	anal	t: To the best of my knowledge, death occur in the bests of examination and/or investiga					ause(a) and manner as stated.
TO THE PL TO THE PL TO THE W TO THE W	띪	296. MONATURE AND TITLE OF CERTIFIER RUTH KEVESS—	Cohen M.D.		29c, LICENSE NUI	159	29d. DATE S	11/90 10 20 An
3		RUTH KEVESS	COHEN, MD	ipa, Print) 106 SPR11	VG ST	SILVER	SPRI	NG MO 20910
		MAY 16 90	32. REGISTRAR'S SIGNATURE					

1	FOR STATE REGISTRAR	TATE OF MARYLAND	/ LCR ERTIF	CAY	Cita	Dr. A	AND K	MENTA	L HYGIENE REG. NO.				
1	1. OEDEDENT'S NAME (First, Middle, Last)	eise - rijek						DATE OF DEATH YEAR  YEAR  3. TIME OF DEATN					
1	4. SOCIAL SECURITY NUMBER 5.5	SEX 6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. OATE	OF BIRTH	90		9:59 A. M	
١.		XM 2 DF 67						FEB. 23, 1923			PEN.	PENNSYLVANIA	
L	90. FACILITY NAME (If not institution, give street a	and number)		96. CITY	LA-	R LOCATI	ON OF DE	EATH 9c. COUNTY OF				Someey	
6	RESIDENCE OF DECEDENT	TAL											
DIRECTO	MARYLAND MO	ONTGOMERY	10c. CITY, TOWN OR LOCATION					J				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER	MIGOREKI	MERY KENSINGTON  101. ZIP COOE						10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	4211 COLCHESTER	DRIVE	IVE 20895						USA				
BY FUN	11. MARITAL STATUS  1	WAS DECEDENT EVER IN U.S., FORCES? 1 TY YES 2 FIF YES, GIVE WAR OR DATES	ARMED NO		If yes, sp	ecify Cube		n, Puerto	N? (Specify Yee Rican, atc.)	or No—	14. RACE Black, Specify	— American Indian, White, atc. y: WHITE	
	15, OECEDENT'S EOUCATIO (Specify only highest grade comp		DECEOENT'S	USUAL O	CCUPATIO	DN ost of worki	ina	16	b. KIND OF BUS	INESS/INC	DUSTRY		
COMPLETED	Elementery/Secondary (0-12)	ollege (1-4 or 5 +)	ille. Do NOT u	ise retired.)			9		CALEC			1	
MP.	12 17. FATNER'S NAME (First, Middle, Last)	וע	EPARTI	MENT	HE		NER'S NA	ME (First.	SALES Middle, Maiden	Surname)			
	The state of the s	LECK				-1.75	RGINI	-			LL		
TO BE	19a, INFORMANT'S NAME (Type/Print)	1							nber, City or Town				
-	RUTH FLECK 200. METHOD OF DISPOSITION	(WIFE)	421.					/E,			MAR City or Tov	YLAND 20895	
	1) Buriei 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State other	place) KLAWN				matory or		ROCKVILLE, MARYLAN				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE O	22. NAME AND ADDRESS OF FACILITY FRANCIS I COLLINS FILM						S FUNE	ERAL HOME, INC. W., SIL. SP., MD 2090.			
	* Manis of	allers		50	00 Ŭ	ÑĬVĔ	ŔSĬŤĬ	BL	VD., W	., si	il. s	P., MD 2090	
	23. PART I. Enter the diseases, or dom shock, or heart failure. List			not anta	r tha me	ode of dy	/Ing, suc	h ee ca	rdiac or reepl	ratory ar	reat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	Rasast		2	1							Onset and Death	
	resulting in death) a	DUE TO (OR AS A CON	tory tailure										
N N	Sequentielly list conditions,	PNEU MONI	SUMBULA SUE TO (OR AS A CONSEQUENCE OF):									ZWK	
ATI	If any, leading to immediate										6 day		
IFIC	filer mirraren esemp	,	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	reaulting in death) LAST	Chickenpox, Active.											
- 11	PART II. Other significant conditions co	ontributing to death but no	ot resulting	In the U	nderlylr	ng ceuse	given In	Part i.	24a, WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC	Reval falure								1 TYES	The same		OF DEATH?	
. ME	Congestive h	east tail	URO									1 - YES 2 11 110	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	000174		1		LACE OF	DEATH (C)	heck only	one)				
YSIC	1 Tes 2 No 1	OSPITAL: Inpetient 2 - ER/Outpetient											
	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	IME OF NJURY M	W	JURY AT ORK? YES 2	□ NO	28d. D	ESCRIBE HOW	INJURY O	CORED		
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — Albuilding, etc. (Specify)	i home, farm	, street, fe					OCATION (Street ity or Town, State		er or Rural F	Route Number,	
	4 Homicide determined	banding, etc. (Opocony)											
COMPLETED	(Check only	N: To the best of my knowledge On the beele of examination end										e) end manner ee stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		11			29c. Ll	CENSE NU	IMBER	_	29d. OA	TE SIGNED	(Month, Day, Year)	
TO B	30 NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	(ITEM 27) (TA	pe, Print)	0	l D	2972	8			5/10	190	
		rof PARK +	214	142	101	LA	une	1 8	PARK L	DR L	l.A. /	no 20127	
	31. DATE FILEO (Month, Day, Your)	32. REGISTRAR'S SIGNATUR	RE 🤍			- 17.7		77.00		1			
	0 30	Gulia Davids	cor-from	dope									





			ERTIFI			3. 2		REG. NO.		11	3. TIME OF DEATH		
MARY FR	LIEDMA	. 14						MONTH D		YEAR	5.50 Am		
in a married and the season in	8. SEX 6. AGE (In yrs. lest birthday)			IF UNDER 1	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Fore Country)			
579-16-2825  9s. FACILITY NAME (If not institution, give stre-	V	84	THO.	AL AITY T	2011	001701105		ig. 17, 1	V		ssia		
					Part of the last	OCATION OF I	DEATH			NTY OF D	Gomery		
RESIDENCE OF DECEDENT	ME	ROCKVILLE					1740	Q NI	Comercy				
Maryland Montgo	omerv			TOWN OR							10d. INSIDE CITY LIMITS? YZ YES 2 NO		
10s. STREET AND NUMBER 101. ZIP CODE						10g. CIT	CITIZEN OF WHAT COUNTRY?						
6111 Montrose Road						0852			S.A.				
I Never Married 2 Married FORCES? 1 YES 2 TONO If yes, specify Cuban, Mar						y Cuban, Maxie	ican, Puerto Rican, etc.) Bia				CE — American Indian, ck, White, etc. city: White		
15. DECEDENT'S EDUCA (Specify only highest grade co	ATION		16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND OF BU	SINESS/INI				
Elementary/Secondary (0-12)	College (1-4 or 5+)	NA.	fe. Do NOT use retired.)										
12		C1	.erk					Credit	Off	ice	.ce		
17. FATHER'S NAME (First, Middle, Last)					1	8. MOTHER'S N	IAME (	(First, Middle, Maiden	Sumame)				
David Bassin						Saral	h		Ва	ssin	ssin		
19a. INFORMANT'S NAME (Tours)		19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)											
Bertha Devaburg (sister) / 10250 West Lake Dr. #814 :Bethesda, Maryland 20817													
20e. METHOD OF DISPOSITION (Name of cametery, cremetory or ACA Burlal 2 Ceremetory at Institute of the place)													
Baltimore Hebrew Cemetery Baltimore, Maryland													
21. SIGNATURE OF FACILITY Danzansky-Goldberg Memorial Chapels													
1 1 1114	- h	1. lu	re								Maryland 20		
23. PART I. Enter the diseases, or co	omplications that	caused the d	eath. Do n		_		_				Approximate		
/shock, or heart felfure. Li	lat only one cause	on aech lin	a.								Onset and Death		
IMMEDIATE CAUSE (Final disease or condition	1 1	ESTIV	= 1	· SAR	T	CAL	1.37	06			Onest and boats		
resulting in death) a.	DUE TO (C	R AS A CONSE	OUENCE OF	7011		TILL		1-6			!		
Sequentially list conditions, 6.	SIP	MI	OUENCE OF										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	SIP DUE TO (C	MI R AS A CONSE		):									
Sequentially list conditions, if any, leading to immediata	SIP DUE TO (C	MI	NSIC	): ) N ,									
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	SIP DUE TO (C	MI OR AS A CONSE PERTE	NSIC	): ) N ,									
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SIP DUE TO (C	MI OR AS A CONSE OR AS A CONSE	NSI C	); )									
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions	DUE TO (C	MI OR AS A CONSE PERTE OR AS A CONSE	PSI C	): )  -> , ): n tha und						248	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  CREPTIC RE	DUE TO (C	MI PER TE PER TE PER AS A CONSE	PSI C	): )  -> , ): n tha und				rt I. 24a. WAS AN	RMED?	248			
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions	DUE TO (C	MI PER TE PER TE PER AS A CONSE	PSI C	): )  -> , ): n tha und				rt I. 24a. WAS AN	RMED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  CHRONIC RE	DUE TO (C	MI PER TE PER TE PER AS A CONSE	PSI C	): )  -> , ): n tha und	larlying o	ause given i	n Par	rt I. 24a. WAS AN PERFO	RMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  CHEONIC ROPERTY OF THE PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT O	DUE TO (C)  Contributing to d  CONTRIBUTION	MI PRAS A CONSE PERT PERT	PSI COURNCE OF	n tha und	larlying o	ause given i	In Par	rt I. 24a. WAS AN PERFO	RMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  CHFONIC REPORTED TO MEDICAL EXAMINER?  1   YES 2   NO	DUE TO (C)  Contributing to d  CONTRIBUTION	MI PRAS A CONSE PERTO PRAS A CONSE  eath but not SUFFIC  ASE.	reaulting in	other:	26. PLAC	ause given i	In Par	rt I. 24a. WAS AN PERFOI  1 YES :  only one)	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  CHRONIC ROMANIER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (C)  Contributing to d  CONTRIBUTION	MI  OR AS A CONSE  PER TO  OR AS A CONSE  CO	PSI COURNCE OF	other:	28. PLAC	ause given i	In Par	rt I. 24a. WAS AN PERFO	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  CHRONIC ROMANIES OF ARMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (C  OUE TO (C  CONTributing to d  PAL NS  S DISE  HOSPITAL:  1   Inputant 2   1	MI  OR AS A CONSE  PERTO  OR AS A CONSE  eath but not  SUFFIC  AS E.  ER/Outpetlant  JURY  1 Year)  INJURY — At h	reauting in	OTHER:	26. PLACE: Ing Home 26c. INJURE WORK 1 YES	ause given i E OF DEATH (1 6 □ Raeldeno	Check	rt I. 24a. WAS AN PERFOI  1 YES :  only one)	INJURY OC	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  CHRONIC REPORT OF APPLY NOON.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation  3   Suicide 6   Could not be determined	Contributing to d Contributing	MI  OR AS A CONSE  PER TE  OR AS A CONSE  eath but not  SUFFIC  AS E.  ER/Outpetlant  JURY  'Year)  INJURY — At h  IC. (Specify)	resulting in the community of the commun	OTHER: Whatever the contract of the contract o	28. PLAC : ing Home 28c. INJUR WORN 1  YE: ry, office	E OF DEATH (0 6   Residence Y AT 7 2   NO	Check  6 C 26	only one)  Other (Specify)  Id. DESCRIBE HOW  Office Town, State	NJURY OC	CCURED or or Rural	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions  CALPOPIC  PART II. Other algnificant conditions  CALPOPIC  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 100  27. MANNER OF DEATH  1 Activated S Pending Investigation  3 Suicide 6 Could not be	DUE TO (C  HT  DUE TO (C  Contributing to d  AL NS  S DISE  HOSPITAL: 1   Inputant 2   28e. DATE OF II (Month, Day  28e. PLACE OF building, a	MI  OR AS A CONSE  PER TE  OR AS A CONSE  eath but not  SUFFIC  ASE.  INJURY  INJURY  At h  IN, (Specify)  IN, (Specify)  IN, (Rowledge, delay)	resulting in the course of the	OTHER: OTHER: Why M  Itreet, factor d at the tim	26. PLAC : ing Home 28c. INJUR WORH 1  YEs	E OF DEATH (0 6	Check 6 C 26	only one)  Other (Specify)  Id. DESCRIBE HOW  Office Town, State  the cause(s) and ma	NJURY OC	CCURED or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		

RD.

6

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
PANKAT TALWAR. 6121 MONTROSE

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

ROCKVILLE MD. 20852

	THE FU	iled wil	AND DOG A
	_	be fi	40.00
	4	1	
(		^	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MENTA	AL HYGIENE REG. NO.			7:32	AM
	1. OECEDENT'S NAME (First, Middle, Lest)	STELLE STC//e Fr		EED			MON	5 8.	Y	3. EAR	TIME OF DEATH	An 2 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	7 S Test birthday)	MONTHS DAYS HOURS MIN (Month, Day, Year)				28/04. BIRTNPLACE (State or Foreign Country) NEW YORK				
DIRECTOR	OF FACHTY HAME (SOLVE) OF SOLVE OF DECEDENT	RSTING CENTER	ter	-		KALLIGHE	OEATN	oc. CONDINGTONERY Montgomer,				· y
	10e. STATE 10b. COUNTY MD. MON	10c. CITY, TOWN OR LOCATION GAITHERSBURG									40	
FUNERAL	100. STREET AND NUMBER  MONTGOMERY VI			10f.	20879	)	of what	COUNTRY?				
COMPLETED BY FUN	11. MARITAL STATUS 1 Naver Married 2 Narried 3 Widowed 4 Divorced	13. WAS DECEMBENT OF NISPAN 1 yes, specify Cuben, Maxicar 1 YES 2 ANO Specify.						Black, W Specify:	American India:	1,		
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT u	work done	during mos	N t of working	16b. KIND OF BUSINESS/INOUSTRY  AT HOME				- 17-	
OM	17. FATHER'S NAME (First, Middle, Last)	11002	16. MOTNER'S NAME (First, Middle, Maiden Surname)									
BE C	LOUIS	ABELSON					ETT	A (	COHEN			
0	19a. INFORMANT'S NAME (Type/Print)  ROBERT H. F.	REED						mber, City or Town,	- 2 3 11 1	_		
P.	20a. METHOD OF DISPOSITION	206	7605					ESDA, MI	TION — CIT		State	
1	1 Donation 5 Other (Specify)	ovel from State	other place)	her place) CHAMBERS CREMATORY RIVERDALE, MD.								
	21. BECHATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  20910  W. W. CHAMBERS CO. INC., SILVER SPRING, MD											
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or haart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF): CARDIOVASCULAR ACCIDENT									Approxima Intarval Be Onset and	Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  b. Cause of the following of the foll										11.00	
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  ATRIAL FIBRILLATION  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 SENO							AM CC OF	ERE AUTOPSY FIT AILABLE PRIOR TO MPLETION OF C T DEATH?	TO AUSE		
AN I												
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 X 140	HOSPITAL:	OTHE	26. PLACE OF GEATN (Check only one)  OTHER:  RSANursing Nome 5 ☐ Rasidence 6 ☐ Other (Specify)								
	27. MANNER OF DEATN  1 Netural 5 Pending	26+. DATE OF INJURY (Month, Day, Year)	28b, TII	_	26c. INJU	JRY AT	_	EŞCRIBE NOW INJ	IURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	f — At home, farm, street, factory, office city)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				e Number,			
COMPLETED	(Orlock Dilly	CIAN: To the best of my know									nd manner aa st	ated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	3				29c. LICENSE					onth, Day, Year)	
TO B	Edad Jhr	nes				D 33			> 5	18/1	0	
-		O COMPLETED CAUSE OF BE		CU11	VE P	ARK CI	R. Cm	L GERMA	NTOWI	M MI	1008;	74
	11. DATE FILED (Month, Dey, Year)  MAY 1 0 '90	32. REGISTRAR'S SIGN										

4 5.1 

1 × 1 × 1000

1			S	TA	TE	TR	AR	
Γ	1.	D	EC	ED	EN	T'S	NA	
1						R	91	ľ

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.						
- (	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH	YEAR	3. TIME OF DEATH				
	Barbara A.	Fram				May	19, 19	950	5:00 A. M				
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	Year)	Countr					
	216-38-2064	1 🗆 M 2 🏋	49 YRS. "		11112		30-1940		d.				
_	9a. FACILITY NAME (If not institution, give		1	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	NTY DF D	EATH				
DIRECTOR	41 Green Str	eet		Fro	stburg		Al	leg	any				
Ä	10e. STATE 10b. COUNT		10c. CITY,				10d. INSIDE CITY LIMITS?						
	Md. Al	legany	F	rostb	urg				YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE	^		WHAT COUNTRY?					
핗	41 Green St			_	2153	_		.S.					
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	IN U.S. ARMED S 2 NO DATES	If yes, s	CENDENT OF HISPAN pooling Cuban, Maxica 8 2 NO Specifi	n, Puerto Rican,			E — American Indian, k, White, atc. My: nite					
유	15. DECEDENT'S ED	UCATION	18e. DECEDENT'S U			16b. KIND	OF BUSINESS/IN	DUSTRY					
ᇤ	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rstired.)	oat or working								
린	12		Cler	ical		Mot	or Veh	icl	es Adm.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)						
BE (	Robert Brown					l Walk							
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural								
-	Thomas P. Fra				t. Fro	stburg							
	+ees. METHOD OF DISPOSITION  → Buriel 2 □ Cremation 3 □ Res	moval from State	other place)				20c. LOCATION -						
	4 Donation 5 Other (Specify)		Frostbur				Frostb	urg	Md.				
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE /	)	22. NAME	AND ADDRESS OF FA	CILITY							
	Affen V.	Horn		Dur	st Fune	ral Ho	ome. Fr	ostl	ourg. Md.				
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Diffuse Carcinomatosis  Oue TO (OR AS A CONSEDUENCE OF):  Carcinoma of breast  Due TO (DR AS A CONSEDUENCE OF):												
BTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.												
2	PART II. Other significant condition	one contributing to deat	but not resulting in	the underful	na cause alven in	Part I 24a	WAS AN AUTOPSY	240	. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL CERTIFICATION					and a second second second		PERFORMED? YES 2 ND		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
N.													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C)	eck only one)							
ΥS	1 X YES 2 NO	1   Inpatient 2   ER/O			me SQRasidenca			DOUBEO					
ВУ РН	1XX Natural 8 Pending 2 Accident investigation	28s. DATE OF INJUR (Month, Day, Year		RY V	JURY AT PORK? YES 2 NO	28d. DESCHIE	E HOW INJURY O	CCOREO					
	3 Suicide 8 Could not be 4 Homicide determined	e 28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, at pecify)	reet, factory, of	lca	28t. LOCATION City or Tox	N (Street and Numb wn, State)	er or Rurel	Route Number,				
COMPLETED	one) A-	SICIAN: To the best of my kn NER: On the besis of examina							a) and manner as stated.				
TO BE	296 SIGNATURE AND TITLE OF CERTIF	latron	of Deru	in Hes	HD A	MBER 0709	29d. DA	TE SIGNE	(Month, Day, Year)				
_	50. Mylle and address of person v Giovanni M	vHO COMPLETED CAUSE OF			ton Dr.	Cumb	erland	• Mc	a. 21502				
,	31. DATE FILED (Month, Day, Year) MAY 2 2 1990	32. REGISTRAR'S SI		, ,,,									
	2 0000 P	Anna total and	- Andrew										



MAY 2 2 1990

٠			•				90 14320
	1 - STATE OF I	MARYLAND / DEPAR CERTIF	RIMENT OF HEALT COATE OF DEA		TAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Francis Albert Fahe			2. D	ATE OF DEATH DATE ON THE DATE OF DEATH DATE OF DAT	990	3. TIME OF DEATH 5:40P. M
	4. SOCIAL SECURITY NUMBER 2.00–10–8943 5. SEX $\times$ M $\times$ M $\times$ D F	8. AGE (In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR IF UNIT MONTHS DAYS HOURS	B. LANN (M	ATE OF BIRTH Forth, Day, Year) 1-14-191	.5	NRTHPLACE (State or Foreign ountry)
ОВ	9a. FACILITY NAME (If not institution, give street and number) 110 Seymour Street		96. CITY, TOWN OR LOCA Cumberland			9c. COUNTY C	
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	10e. CD	TY, TOWN OR LOCATION				10d. INSIDE CITY
огнестоя	MD Allegany		umberland,				LIMITS?
FUNERAL	100. STREET AND NUMBER 110 Seymour Street		107. ZIP CC 21!	502		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS  12. WAS DECEDED FORCES?	TEVER IN U.S. ARMED YES 2 NO MAR OR DATES WWII	13. WAS DECENDEN If yes, specify Co	ıban, Maxican, Pua	IIGIN? (Specify Yea into Ricen, atc.)	1 2	RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	(Give kind of life. Do NOT u	B USUAL OCCUPATION work done during most of wo use retired.)	rking	16b. KIND OF BUS		
MPI	12	retired			Textile		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Thomas William Fahey		id	other's name (Fl a Mae Be	rst Middle, Maiden ELtz	Surname)	
10	198. INFORMANT'S NAME (Type/Print) Mrs. Elizabeth Fahey		g ADDRESS (Street and Number				-
	20e_METHOD OF DISPOSITION  T Burial 2 Cremation 3 Removal from Stata  4 Donation 6 Other (Specify)	St. Marys	Sition (Name of cometery, of Cemetery)	crematory of		cation — city perland	
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE	anell	Scarpell Cumberla	i Funerand, MD	al Home 21502		
	23. PART I. Enter the diseases, or complications the ahock, or heart failure. List only one call IMMEDIATE CAUSE (Final disease or condition resulting in death)	use on each line.	cinoma o	0.1	cardiac or reapi	iratory Srreat,	Approximate Interval Between Onset and Death Worth
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEQUENCE O					
CEI	d						
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to	odeath but not resulting	onary d	se given in Part	I. 24a. WAS AN PERFOI 1 TYES 2	AMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE O	F DEATH (Check or	nly one)		
SIC	EXAMINER?  1 YES 2 D NO  HOSPITAL: 1 Inpetient 2	☐ ER/Outpetlent 3 ☐ DOA	OTHER:	Residence 8 🗆	Other (Specify)		
ву РНУ	1 Natural 8 Pending		ME OF 28c, INJURY A' WORK?  M 1 YES		DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 28a. PLACE	OF INJURY — At home, farm g, atc. (Specify)	, street, factory, office	281.	LOCATION (Street City or Town, State,		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of medical examiner: On the basis of						suse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFICA	bour		LICENSE NUMBER		29d. DATE SI	GNED (Month, Pay, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA Dr. Sunil K. Gupta, M.D.	, Memorial F				and, M	D 21502

6	2
1	UA

AAL DIRECTOR	10e. STREET AND NUMBER	ce Georges	6117 Arn	or Dr.	, Clinton	10g. CITIZEN OF WHAT COUNTRY?						
BY FUNER	6117 Armor Dri	LVE  2. WAS DECEDENT EYER IN U.S. ARME FORCES? A YES 2 NO IF YES, GIVE WAR OR DATES  WWII		20735 CENDENT OF NISPAN pecify Cuben, Maxice 8 2 MNO Specify		or No 14. RAG	S.A.  DE — American Indian, ck, White, etc.  White					
once. COMPLETED	12	mpleted) (Give life. Do	DENT'S USUAL OCCUPAT kind of work done during in a NOT use relired.)  ation Mai	ost of working		ing Sta	ation					
ल	17. FATHER'S NAME (First, Middle, Last)  Charles P. Gre  19e. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street	01ga								
examiner must be notified	Charles Greer  Same as 10a-10f.  20s. METHOD OF DISPOSITION State  XX Moriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE UPENSEE  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.  6633 Old Alexander Ferry Rd Clinton, M.											
the medical	23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory arrest, shock, Dr. heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):											
traumatic event,	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST	OUE TO (OR AS A CONSEQUE										
or other trau		contributing to death but not res		The state of the s	Part I. 24a. WAS AN PERFORE 1 YES 2	MED?	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
hows any injury, or other MEDICAL CERTIFIC	PART II Other aignificent conditions				## 26. PLACE OF DEATH (Check only one)  ## OSPITAL:      Inpettent 2   ER/Outpettent 3   DOA   4   Nursing Nome 5 \$\frac{1}{2} \text{ Residence 6   Other (Specify)}							
any injury, or other SICAL CERTIFIC	PART II, Other algnificent conditions  A CLUB D JELLAND  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:									

ONMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
The law requin	ate has been signed at the Dept. of He	em 23 show	
VG PHYSICIAN:	ter this certification at the State of the S	marked, or it	
OR ATTENDI	DIRECTOR: Ai	item 28 is	
THE HOSPITAL	THE FUNERAL	MPORTANT: 11	
P	F 2	=	r

REGISTRAR			ATE OF DEA		NTAL HYGIENE REG. NO.	•					
1. DECEDENT'S NAME (First, Middle, Last)		4			DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH				
CARL	Leon	GRA	1801051	1/	4 20	5 90	11:28 1				
4. SOCIAL SECURITY NUMBER		MC	UNDER 1 YEAR IF UND	DER 24 HRS. 7.	Month, Day, Year) Sep. 8, 192	8. BIR	THPLACE (State or Foreign ntry)				
578-22-2264		6 YRS.					nńsylvania				
98. FACILITY NAME (If not institution, give st Washington Count	,		Hagerstown			WASHI	NGTON				
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY				
West Virginia Be	erkeley	Fall			1 YES 2 X NO						
10e. STREET AND NUMBER			101. ZIP CC	DDE		10g. CITIZEN O	WHAT COUNTRY?				
P.O.Box # 225			254	119		USA					
11. MARITAL STATUS	12. WAS OECEDENT EVER II	N U.S. ARMED	13. WAS DECENDENT	T OF HISPANIC O	ORIGIN? (Specify Year	or No — 14. RA	CE — American Indian, ick, Whita, etc.				
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 - YES 2 X N		derito riiceri, etc.)	Sp	ecity:				
	CATION	Les processiva un	I		I		ite				
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of wo	rking	16b, KINO OF BUSI	INESS/INDUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)	Parts M	*		Automo	hile De	alership				
17. FATHER'B NAME (First, Middle, Lest)		raits M		OTHER'S NAME	First, Middle, Melden S		arersiiip				
	ısmir Gr	abowski		lelen	Dorot		imowski				
19e. INFORMANT'S NAME (Type/Print)	1511111 01		ODRESS (Street and Num				11110113111				
Ruth E. Grabowsk	(i	P.O.Bo	x # 225 Fa	alling !	Waters, WV	25419					
20a. METHOD OF DISPOSITION	201	. PLACE OF DISPOSITI	ON (Name of cemetery, c			ATION — City or	Town, State				
1 (X Burlel 2 Cremetton 3 Green State COOK'S Mill U.M. Cemetery Cook's Mill, PA											
21. SIGNATURE OF FUNERAL SERVICE AND	22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  When the state of the state										
Sequentielly list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Winner	ed d	orlle d	nder y	gan 4 tes				
PART ii. Other algorificent condition	a contributing to death t	out not resulting in	the underlying caus	e given in Par	24a. WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check	only one)						
EXAMINER?	HOSPITAL: 1 Pinpatlant 2 ER/Out		THER:  Nursing Home 5	Rasidenca 8	Other (Specify)						
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C			d, DEŞCRIBE HOW IN	JURY OCCURED					
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUR' building, stc. (Spe	Y — At home, farm, stre	set, factory, offica	26	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	CIAN: To the best of my know						e(s) and menner as stated.				
conj	R: On the basis of exemination	on and/or investigation,									
(Check only 1 Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	Marsh	Min	J <sub>e</sub> 29c. l	ICENSE NUMBE		> 41	ED (Month, Day, Year)				
(Check only one) 2 MEDICAL EXAMINE	Marsh	EATH (ITEM 27) (Type, Pi	J <sub>e</sub> 29c. l	ICENSE NUMBE	AREST	> 41	25/90				

OHMH-18 Rev 1/89

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
ne funeral director, page 5 should be detach al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to brinal, cremation, or removal.
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hos

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT ICATE				MEN		GIENI G. NO.	E			
į	1 DECEDENT'S NAME (First Middle Lest)	oeth G			IOAIL	. 01	DEA		2. D.	ATE OF OE		9	90	3. TIME OF 0	EATH M
1	213-50-9964	1   M 2   F	AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. D/ (A)	ATE OF BIF	718	90	Countr	arylan	
OR	9a. FACILITY NAME (If not institution, give stre Washington County	*			1		STOW		НТА	·	'		hing		
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  Maryland  Washir	agton			Y, TOWN O		ION							10d. INSIDE ( LIMITS? 1 YES 2	
RAL	100. STREET AND NUMBER Rt.1		110		101	. ZIP COD	T						WHAT COUNTR	- W	
BY FUNERAL		IED O	13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 □ YES 2 (X) Specify:  USA  14. RACE — American Indian Black, White, etc.  Specify:  White												
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12)		(Giv ille. i	e kind of Do NOT u	usual or work done se retired.)			ng		16b. KIND	OF BUS	INESS/ING	DUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Lest)  John Wesley Hixo	on					-10		100	rst, Middle, sabe]					
2	Gladys H. Weller				Hea					ancoc	ck,	Md.	217.		
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	0	20b. PLACE Of other place Catal	ce)	.М.	Ceme	tery						City or To	. 217	50
	21. SIGNATURE OF THIS HELD SERVICE LICE	MSEE	٢_	_			o addre Main			Grov			al H	ome 2 <b>17</b> 50	
	23. PART I. Enter the diseases, or of shock, or heert felture. LI IMMEDIATE CAUSE (Finel disease or condition resulting in death)		on each line.					ing, suc	h es	cerdiec o	er respi	ratory er	rest,	Interv	ximate al Between and Death
NO	Sequentially list conditions, b.	ion										mo.			
FICATI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Clostric	Description beiling and and and and and and and and and and								weeks				
CERTIFICATION	that initiated events resulting in deeth) LAST	Urinany	urinary tract infection and its treatment							3	mos.				
PHYSICIAN: MEDICAL	Anemia, aorti urinary retenti insufficiency, la	c stenos	onth but not re sis, m onic) ricula	itro ce	ueby dysf	suf	fici sa	lar	Part		WAS AN PERFOF YES 2	MED?	24b	AWAILABLE PI COMPLETION OF DEATH?	OF CAUSE
SICIA		HOSPITAL:	P/Outpetlant 3	□ DOA	OTHE	R:	ACE OF C			one) Other (Spe	cify)				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. TII	ME OF JURY M	28c. IN. WC	PRK?	□ NO	28d.	DEȘCRIBI	E HOW I	NJURY OC	CUREO		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, et	INJURY — At hor c. (Specify)	na, farm,	street, fac	tory, offic	a		281.	LOCATION City or Tow			er or Rural i	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	BAN: To the best of m												a) and manner	as stated.
TO BE	29hysignature and type of Certifier Common C	avou	Mr	W			29c. LIC	ENSE HUI	MBER  -	١		29d. DA	TE/SIGNED	Month, Day,	Year)
-	Edmund S. Schio		OF DISATH (ITEN	27) (1/10)	e, Print)	01	u. t	tiq h	S	t.,	Ha	n Co	ck,	NDZ	1750
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE					5					,		

OHMH-16 Rev 1/89

y the hosp	oe detache	once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache for such within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
nay be	; page	of be	
9 90	Jirecto	r mu	
death. Pa	funeral	examine	
after	by the	leal	
NOON.	lled in	e me	
thin 2	etely fi	ıt,	
rted w	complial, cri	eve 2	
be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fure find within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	traumati	
Sertificat	ling physygiene p	other	
eath	attend ntal H	y, or	
the d	nd Me	Inter	
es tha	gned t	s amy	
v requin	been sign	show	
he lay	a has	m 23	
IAN: T	rtificati	or ite	
PHYSIC	with th	rked,	
DING	After	E ma	
VITTEN	STOR:	28	
DR /	DIRE	Item	
SPITAL	VERAL 20	Ë	
E HO	E FUA	HTA	
T OF	5 T	IMPC	

	FOR 1 - STATE REGISTRAR	STATE OF MAR			TMENT O			MENTAL	HYGIENE REG. NO.				. 1000
	1. DECEDENT'S NAME (First, Middle, Last)				ONIE (			2. DATE O	OF DEATN			3. TIME O	F DEATN
Į.		zabeth	Gilbert					Apr	DAY	7,19	YEAR 90		30A.M.
1							IF UNDER 24 HRS.	7. DATE OF BIRTN 6. BIRTHPLACE (State or Foreign				te or Foreign	
- 23	037-18-5165	67	7 YRS. WONTHS DAYS HOURS MIN.								sland		
1	9a. FACILITY NAME (If not institution, give street and number)					OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN				Siana			
DIRECTOR	Me <b>m</b> orial Hospital					Easton				Т	albo	ot	
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY			I soo CITY	/ TOWN OR I	OCATH	ON						E CITY
<u>E</u>	The second secon	en Anne's	10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?	
							2					2 NO	
₹	10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITI		HAT COUN	IRY7	
FUNERAL	504 Love Point					2166				U.S	.A.		
בָּ		ER IN U.S. AR	MED			NDENT OF NISPAN			or No-	14. RACE Black	- America White, etc.	en Indien,	
	1 Never Married 2 Married	IF YES, GIVE WAR O					2 NO Specify		iloan, oto.)		Specif	y:	
ΒY	3 Widowed 4 Divorced											whi	te
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		(G	ilve kind of w	USUAL OCCU	PATION	N t of working	16b.	KIND OF BUS	INESS/IND	USTRY		
		College (1-4 or 5+)	life	. Do NOT use	e retired.)								- 1
鱼	12		Sta	ite c	of Ma	ry.	land -	Dept	t. Na	tura	il R	esou	rces
ő	17. FATHER'S NAME (First, Middle, Last)		111111111111111111111111111111111111111				16. MOTNER'S NA	ME (First, M	fiddle, Maiden S	Sumame)			
ПС	Eveleth A. Has	skell					Dorot	thv (	G.				
00	19a. INFORMANT'S NAME (Type/Print)	3.1.3.2.	19	b. MAILING	ADDRESS (St	treet an	nd Number or Rural I			, State, Zip	Code)		
임	Wallace J. Gil	lhort		504	TOTTO	D	oint Pa	3 (	Stavo	newi	110	MT	21664
	200. METNOD OF DISPOSITION	IDert	201 DI ACE				etery, crematory or	1. , .			ille, MD 21666		
	1 St Burlet 2 - Cremetion 3 - Remov	ral from State	other pi	lece)				.1.					7-76-4
	4 Donetion 5 Other (Specify)		Wood	llawn			ial Par		Ea	stor	1 M	D (J	albot
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE,					d address of fa Helfenk		Fune	ral	Hom	99	DΔ
	> Thomas 1/Q	4/1//	-				1 Box						
	23 PART i Enter the diseases or co	molications that car	sad the de	eath Do n									proximate
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List only one cause on each line.								inte	rvai Between			
	IMMEDIATE CAUSE (Final			000011171									et and Death
	disease or condition reaulting in death)	1XTON	- /		sty ithmi an							11	MMEN
	!	DUE TO (OR	AS A CONSE	OUENCE OF	F):								
Z	Conversalative that conditions (b.	A	> '	14-	3								OYRE
CERTIFICATION	Sequentially list conditions, If any, leading to immediata	DUE TO (OR	AS A CONSE	OUENCE OF	F):							1	
S	cause. Enter UNDERLYING CAUSE (Disease or injury												
E.	that initiated events	DUE TO (OR	AS A CONSE	OUENCE OF	F):								
듄	reaulting in death) LAST											-	
뜅													
A.	PART ii. Other significant conditions			_		rlying	cause given in	Part i.	24a. WAS AN PERFOR		24b.		OPSY FINDINGS PRIOR TO
2	DIAB	ms	LLL	194	NO				1   YES 2	<b>∰</b> NO		OF DEATH	ON OF CAUSE
MEDICA	MENTS	ATIC	00	6	SLA	D	Don				1		2 🗀 NO
			7			-		_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF DEATN (Ch	hack nak on	sal				
ō	EXAMINER?	HOSPITAL:	eksem :	SA	OTHER:								
YS		1/\(\)/Impatient 2 \(\) ER/				_	e 5 🗆 Residence	V					
표	27. MANNER OF DEATH	28s. DATE OF INJU (Month, Day, Ye		28b. TIM	URY	WOI	URY AT RK?	26d. DES	CRIBE NOW II	NJURY OC	CURED		1
BY	12 Natural 5 Pending 2 Accident Investigation				M 1	1 🗌 Y	ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.		ome, farm, e	street, factory,	, office		281. LOC	ATION (Street a	nd Number	or Rural F	loute Numb	er,
品	4 Nomicide detarmined		, ,						,				
COMPLET	290. CERTIFIER 1 XCERTIFYING PHYSIC	IAN: To the heat of my I	mowledge 4	eath occurre	ed at the time	date	and place, and due	a to the car	use(s) and mar	ner sa sta	led.		
<b>₹</b>	(Check only one) 2 MEDICAL EXAMINER											) and man	ner as stated
18	2 WEDICAL EXAMINER	. On the pasts of examile	eron and/or	vestiGatto	лі, пі нту оріп	auri, Ol			and piece, an				
ш	296. SIGNATURE AND TITLE OF CERTIFIER	0	1 -				29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Da	sy, Year)
<u>m</u>	10to 6	Vample	-20			ŀ	D 01	22	.5		4-1	7-	68
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	F DEATH (ITE	EM 27) (Type,	, Print)								
	Dr. Stephen P.	Carnev		Di	ıtchm	an	's Lane	e. E	aston	, мг	) 2	1601	1 1
	Joopiicii I						~ ~ ~ ~ ~ ~ ~	-, -		,			

32. REGISTRAR'S SIGNATURE
Julia Day Bon-Randall

8 '90

DHMN-18 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First,	Middle, Last) ARION	A. GF	APES	LATI	IOAIL	. 01	DLA		2. DATE MONTI MAY	OF DEATN		YEAR	3. TIME OF DEATH 12:40 P M
\	4. SOCIAL SECURITY NUMB 5 77-03-8310 9a. FACILITY NAME (If not in		5. SEX  1 M 2 F	8. AGE (In yrs. let	st birthday) YRS.	MONTHS 9b. CITY	DAYS	NOURE OR LOCATE	MIN.	(Monti	of BIRTN h, Day, Year)		Countr	LAND
P	7707 MEADO	W LA.				СН	EVY	CHAS	SE			MON	TGOM	ERY
DIREC	10a. STATE MARYLAND	OHEEN	ANNES			EVENS								10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER				1 211	EVENS		. ZIP COD				10g. CIT	IZEN OF W	VHAT COUNTRY?
BY FUNERAL	357 DORCHES  11. MARITAL STATUS  1 Never Married 2  3 Wildowed 4 Divo	Married	12. WAS DECEDED FORCES?	NT EVER IN U.S. AF	RMED NO		If yes, sp	ecify Cubi	OF NISPAN	n, Puarto	N? (Specify Yes		SA 14. RACE Black Speci	
COMPLETED	(Specify only Elementary/Secondary (0		CATION completed) College (1-4 or 5	+)	Rive kind of a. Do NOT u	work done (se retired.)	CCUPATIO during mo	ON at of worki	ing	16b	. KIND OF BU	SINESS/INI	DUSTRY	
BE	17. FATHER'S NAME (First, M ROBERT AND 19a. INFORMANT'S NAME (7)	ERSON		19	b. MAILING	3 ADDRESS	S (Street a	MA	RGAR	ET K	Middle, Maiden TNDNE	25	o Code)	
0	ALEX K. GRA  20s. METHOD OF DISPOSIT  1 XBurlel 2 Cremetic  4 Donation 5 Other	ION on 3 🗆 Rem			357 D	ORCH SITION (Na	ESTE	R RC	DAD matory or		ENSVII	I.F. M	ARYI.	AND 21666 wn, State
	21. SIGNATURE OF FUNERA	is P	Collei	. Ja		FR.	ANCI O UN	S J.	COL	LINS	FUNE	RAL H	OME,	
	23. PART I. Entar tha d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	aart fallure	List only one ca	ot cousef the di use on each line	ter.	lues			/Ing, suc			Iratory sr	rest,	Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initieted events resulting in death) LAS	diate ING Iry	C	O (OR AS A CONSE	O PERMITE									
BY PHYSICIAN: MEDICAL C	PART II. Other significa	ant condition	na contributing to	o death but not	resulting	in the ur	nderlyln	g cause	given in	Part I.	24a. WAS AI PERFO 1 YES		246	L. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED T	O MEDICAL			-		28. P	LACE OF	DEATN (Ch	eck only o	ge)			-
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpetlant	3 🗆 DOA	OTHE		10 5 E F	Residence	8 DOTH	er (Specify)	DAUGH	TER'S	HOME
Y PHY	27. MANNER OF DEATN  1 Natural 8  2 Accident	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Ybar)	28b. TII	ME OF JURY M	W	URY AT ORK? YES 2	□ NO	28d, DE	SCRIBE NOW			
	a Doubles -	Could not be detarmined	26a. PLACE building	OF INJURY — At h	ome, farm,	street, fac	tory, offic	•		281. LOI City	CATION (Street or Town, State	and Numbe	or or Rural	Route Number,
COMPLETED	(Orlean Drilly		ICIAN: To the best of											a) and manner as stated.
TO BE C	29b. SIGNATURE AND TO	urnk	the	an	1			29c. LIC	228	MBER 765		29d. DA	5-	(Month, Day, Year) 14-90
	30. NAME AND ADDRESS O	R. St	ern n	D 148	EM 27) (Typ		sici	ANS	L	nne	#2	53	Roce	kville, MD.
		19609		Lulia David	1	andos								

Julia Davidson - Boods 12

10

DAY

2. DATE OF DEATH

S.	A		,
BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit man have star death with the Stars henry of Health and Mental Monthie enfort to hurist cremation or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	xecuted within	and complete	atic event,
.O. BOX	h certificate be e	Hyriene orior to	or other traum
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	v requires that the deat	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the income after death with the State hear of Health and Mental Hydiene notice in burial committee.	shows any injury.
JE VITAL	IYSICIAN: The law	is certificate has	ed, or item 23
DIVISION C	OR ATTENDING PH	DIRECTOR: After th	tem 28 is mark

KEVIN J. GALLAGHER 0209 05 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Yea. DAYS HOURS Washington D.C 20 1 M 2 - F YRS. 217-80-5577 9a. FACH ITY HAME (If not institution, give street and number) 9c. COUNTY OF DEATH 95 .TY, TOWN OR LOCATION OF DEATH Shady Grove Adventist Hospital DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Rockville Maryland Montgomery 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20850 12520 St. James Road United States 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

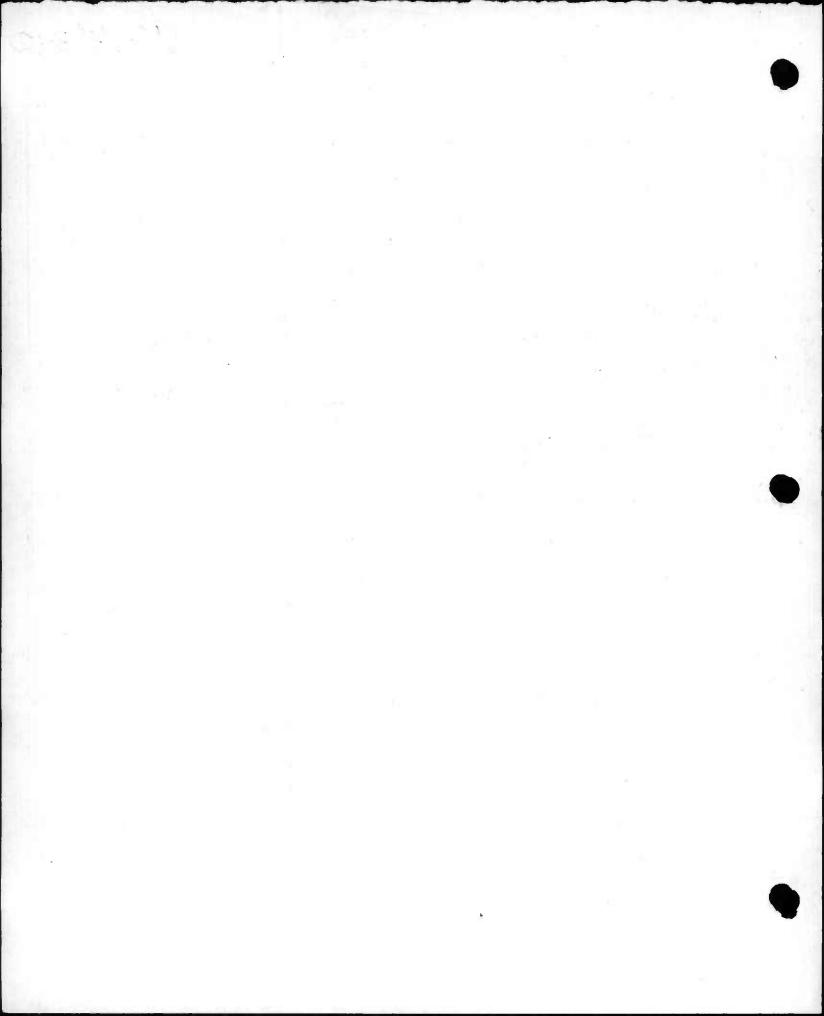
1 YES 2 ANO Specify: FORCES? 1 YES 2 2 X NO 1X Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementery/Secondary (0-12) College (1-4 or 5+) Carpet Cleaner Carpet Cleaners 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Barbara Ann McAndrew Daniel Joseph Gallagher 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara A. Gallagher 12520 St. James Rd. Rockville, MD 20850 20s. METHOO OF DISPOSITION
1 X Burlet 2 Cremetton 3 Removed from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Silver Spring, MD Gate Of Heaven Cemetery 4 Dorigitag 5 Other (Specify) 22. NAME AND ACCRESS OF FACILITY DeVol Funeral Home
10 East Deer Park Drive 21. SIGNATURE OF FUNCHAL SERVICE LICENSEE Gaithersburg, Maryland 20877 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or reading the ceused the deeth. Approximate ahock, or heart fallure. List only one ceuse on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition 4 wx5. lon Cancer reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE Pialetes 1 TYES 2 12-MO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 THO 4 Nursing Home 6 Residence 6 Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 284 DESCRIBE HOW INJURY OCCURED WORK? 1 Neturel м 1 YES 2 NO BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 Homicide determined 29s. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 5/15/90 A24304 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ga. Thersbury MD. 20879 MONTGOMERY VILLAGE 31. DATE FILED (Month, Day, Year) MAY 16 '90 Luka Davidson Bandole

23

69 DIRECTOR: A hours after d

FUNERAL WITHIN 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II



MD 21203-3146

	7.	· 8	
	lay.	pa	10
	9	Ď.	Sil
	96	E E	-
	E.	Te o	ne
	ath.	Jec	E
	g	in 6	ex.
	afte	y th	Ca.
	55	9	Pa
	ē	P 6	E
	N	ig u	the
	를	mal	÷.
	¥.	nple cre	Ver
	ted	fal,	63
	GCLL	Pur	afic
	8	5 5	E
	e D	sicia	=
1	Cat	A D	-
	artif	gien	흉
	25	夏天	5
	leat	atte	2
1	e	Me De	흑
+	ff th	20	Ξ
	=======================================	the ed	au
1	ires	sign	8
	nba	en s	ho
	3	P. P.	S
	60	Pas De	1 2
	F	tate	ten
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page tied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
	Sic	T Cel	d,
)	E	this	7ke
	9	at the	E
)	9	A de	62
)	1	TOR after	82
	A	SEC SI	E
	0	9 5	9
	M	以以	=
	SPI	NE FE	Ë
	유	马季	E
	出	문	9
	0	6 9	E
	han	- D	-

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

719 Williams St.

										1000
	FOR STATE REGISTRAR	STATE OF N	MARYLAND / Ce	DEPART	CATE	OF HEALTH A	AND MI H	ENTAL HYGIEN REG. NO		
1	1. DECEDENT'S NAME (First, Middle, Last)  JOHNNY	E.		GROW	DEN		1	2. DATE OF DEATH	1 000	YEAR 3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1	YEAR IF UNDER 2	14 HDC 3	MAY 13,		6. BIRTHPLACE (State or Foreign
	215-26-6792	XX M 2 □ F	59		MONTHS	DAYS HOURS	MIN.	09-28-193	0	PA
~	9a. FACILITY NAME (If not institution, give st					TOWN OR LOCATIO	N OF DEAT	TH		TY OF DEATH
DIRECTOR	Memorial Hospital				Cumb	erland			Alleg	gany
ا ا	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
	MD Allec	gany		Cu	mber]	land,				X YES 2 □ NO
FUNERAL	100. STREET AND NUMBER 1002 Frederick St	reet				101. ZIP CODE 21502				EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married A Married 3 Divorced	FORCES? 4	MAR OR OATES K	0	lf	yes, specify Cuban		ORIGIN? (Specify Yes Puarto Rican, atc.)	or No—	14. RACE — American Indian, Black, Whita, etc. Specify: White
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCC	CUPATION oring most of working	2	16b. KIND OF BU	SINESS/INDU	ISTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	-)	cher	retired.)	ring most of working		Allegar	ny Vo	Tech Center
E CON	17. FATHER'S NAME (First, Middle, Last) Francis Z. Growde	en				Vera	May	Boor Boor	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Joyce Growde	en						ute Number, City or Tow Cumberland		
	1 Buriel 2 Cremation 3 Ram Donation 5 Other (Specify)	oval from State	Sunse Sunse	of dispos C <sup>e)</sup> Men	moria	e of cometery, cremi l Park	atory or			nd, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	roll	<u>L</u> :	Sc. N Cu	arpelli mberland	Fune Fune	ral Home 21502		
	23. PART   Enter the dieseses, or o									
	shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition	List only one cet	Ma	20(6	reli	al of	1/0	diser		Interval Between Onset and Death
_	resulting in deeth)	DUE TO	(OR AS A CONSEC	WENCE OF	):	art	Ó	diser	e	
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	OUENCE O		-	1			
TIFIC	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	):					
B		d,								
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	s contributing to	deeth but not r	sulting i	n the und	lerlying ceuse g	iven in P	24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME		17		8				_		1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	26. PLACE OF DE	EATH (Chec	k only one)		
ΥS	1 U YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	ER/Outpatlant 3	DOA 26b, TIM	4 - Nursi	ing Home 5 - Re			N HERY OCC	LIDEO.
	1 Netural 5 Pending	(Month, L		INJ	URY	WORK?		28d. DEŞCRIBE HOW	INJURY OCC	UNED
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e: PLACE (	At ho	me, farm, a	treet, facto			261. LOCATION (Street	and Number	or Rural Route Number,
TED	4 Homicide 6 Could not be determined	building	etc. (Sp6c0y)					City or Town, State	)	
COMPLETED	(Check only	_//	10-27-71					o the cause(a) and me me, data and place, a		ed. e cause(s) and menner as stated.
1	29b. SIGNATURE AND TITLE OF SERTING	-					NSE NUME	C. C. C. C. C. C. C. C. C. C. C. C. C. C		SIGNED (Month), Day, Year)
TO BE	UM					D367			<b>&gt;</b> 5	115/8)
1	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED ON	OF OF OFITH ATE		60 1 45					

21502

Cumberland, Maryland

GETT De

4.6

3. TIME OF DEATH

2:05 P

230 Baltimore Av

Approximsta intarvai Between Onset and Death

8. BIRTHPLACE (State or Foreign Country)

Maryland

9c. COUNTY OF DEATH

3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

214-05-9994

1

œ

2, 3 s	CTOR	Memorial Hos			Cumber:	land		A11	egany	7
les 1.	EC		OUNTY	10c. CITY, TOV	WN OR LOCATIO	ON			10d	I. INSIDE CITY
r. Pag	DIRE	Maryland A	llegany	Cumbe	erland	d			1 [	YES 2 NO
реглі	AL.	10e. STREET AND NUMBER			1000	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
ansit	빌	1106 Braddo				21502			USZ	A
the burial-transit permit. Pages	FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merries	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2		If yes, spec	olfy Cuben, Mexical	IC ORIGIN? (Specify n, Puarto Rican, etc.)	Yea or No- 14	Black, Wh	Americen Indien, hite, etc.
s the b	BY	3 🖔 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES		1 U YES 2	2X∏XNO Specify	·		Specify:	White
use as	ETED	15. DECEDENT (Specify only highes	t grade completed)	DECEDENT'S USUA (Give kind of work di life, Do NOT use retin	lone during most	of working	16b. KIND OF	BUSINESS/INDUS	TRY	
D	PLE	Elemantary/Secondery (0-12)	College (1-4 or 5+)	ueen C	city	Brewer	y B	rewell	v	
海流	100	17. FATHER'S NAME (First, Middle, Li	est)			18. MOTHER'S NA	ME (First, Middle, Mai	iden Surname)	1	
M.	2	Charles Gre					Green			
2 E	6	19e. INFORMANT'S NAME (Type/Prin					Route Number, City or			4.500
age age		Rosalie Glen		/ 3U GE DE OF DISPOSITION			, Cumber	Land, Mo	-	
ector, p		1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specific	Removal from State other	chaven						laryland
al dire		21. SIGNATURE OF FUNERAL SERV			22. NAME AND	ADDRESS OF FA	CILITY			imore A
e funeral dia I. examiner		> Ernet	a. Riley h.				Md. 215		ball	THIOTE A
completely filled in by the funeral director, rial, cremation, or removal.		23. PART I. Enter the disease	s, or complicationa that caused tha illure. List only one cause on each li	daath. Do not a					t,	Approximsta interval Between Onset and Deat
ompletely fille if, cremation, event, the		disease or condition resulting in death)	S. Chronic ob		ve pulm	nonary d	isease			
ending physician and I Hygiene prior to bu or other traumati	ERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b							
he att Menta Ijury,	CE	PART ii. Other significent cor	nditions contributing to death but no	ot resulting in the	e underlying	cause given in	Part i. 24s. WAS	S AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
igned by the att eatth and Menta rs any Injury,	EDICAL	Alzheimer's					PEF	S 2 NO	COL	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
	: ME						-		10	YES 2 NO
e has b e Dept. m 23	PHYSICIAN	25. WAS CASE REFERRED TO MED EXAMÍNER?				ACE OF DEATH (Ch	eck only one)			
certificate h the State C	Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient		HER: Nursing Home	5 🗆 Residence	8 Other (Specify)			
with		27. MANNER OF DEATH  Natural 5 Pendin 2 Accident Investig		28b. TIME OF INJURY	M 1 Y		28d. DESCRIBE HO	OW INJURY OCCU	4ED	
ECTOR: Ath s after dea n 28 is m	ETED E	3 Suicide 8 Could 4 Homicide determ		home, farm, street	, factory, office		281. LOCATION (St. City or Town, S	reet end Number or State)	Rural Route	» Number,
TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	COMPLE	(Orlock Orle)	PHYSICIAN: To the best of my knowledge, KAMINER: On the beels of axamination end/							nd manner es steted.
TO THE FU be filed wil	TO BE C	29h SIGNATURE AND TITLE OF CE	RIFIER			29c. LICENSE NUI	FIST	29d. DATE S	GNEO (No	onth, Day, Year)
2	ř	Dr. Davil Coore	on who completed cause of death (i Deputy Medical E		_	I. Third	St. Cumi	herland	MA	21502
8		31. DATE FILED (Month, Dec. Year) MAY 1 1990	92, REGISTRIANS SIGNATURI	E	100			······································		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTHS

GREEN

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Robert

8. AGE (In yrs. lest birthday)

95 YRS.

CECIL

1 🕅 M 2 🗌 F

5. SEX

2. DATE OF DEATH MONTH DAY

11-16-1894

1990

May 13.

7. DATE OF BIRTH (Month, Day, Year)

DHMH-16 Rev 1/89

Ĺ		not
4	1	ä
ĺ		must
I Interior of	nous after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
11 de 11 e	ог нетном	medical
	ation,	朝
maidun	I, crem	event.
2 2 2	buria	natic
Siciali	prior to	traun
THE PART	giene	other
2	£	6
מונה מנו	Menta	nlun.
5	and	Z
	-leafth	WS 31
100	6	sho
nds o	Dept.	23
IICAILE	State	Hen
Cec	the	0
SILD	With	ked
Arrei	death	E mai
5	after	28 1
SHE	OURS	mul.

uld be detached for use as the burlai-transit permit. Pages 1, 2, 3 should

ified at once,

id by the hospital or attending physician. 3YLAND 21203-3146

	1 - FOR STATE OF MARYLAND / DEPARTM CERTIFIC	ENT OF HEALTH AND I	WENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  Lene Graham		2. DATE OF DEATH	3. TIME OF DEATH 1990 10:02 A M
~	215-38-0818 1 M 2 LF 100 YRS. MOR	UNDER 1 YEAR F UNDER 24 HRS. (THE DAYS HOURS MIN.		COUNTY OF OEATH
DIRECTOR	Meridian Nursing Center (e	ntreville DWN OR LOCATION	Qu	leen Anne's
	Maryland Kent Chest	ertown 101. ZIP CODE	109.	1-₩ YES 2 □ NO
BY FUNERAL	210 Calvert Street  11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	21620  13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 VES 2 PNO Specify	n, Puerto Rican, etc.)	USA
COMPLETED	College Teacher	done during most of working tired.)	16b. KIND OF BUSINES:	S/INDUSTRY
BE CO	17. FATHER'S NAME (First, Middle, Lest) Elijah Stricklin	Isabe:	ME (First, Middle, Melden Sume lla Smith	
TO E	Mr. Benjamin F. Graham 210 Cal		stertown, Ma	aryland 21620
		No. (Name of comotory, crematory or I. Church Cem	etery R.F.	D. Chestertown, M
	Double Walg		WALLEY"	S FUNERAL HOME rtown, Md. 21620
NC	23. PART I. Enter the diseases, or complications that caused the deeth. Do not shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,			Interval Between Onset and Death
CERTIFICATION	Sequentiary list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):			
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in to Cerebral Vascular cursuffice Chronic Ruel Jailers (D Hypertension . & Large	Ged Fores	PERFORMED	? AMAILABLE PRIOR TO
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4	26. PLACE OF DEATH (C) THER: Nursing Home 6  Residence	6 Other (Specify)	
ву рн	27. MANNER OF DEATH  1 Notural 6 Pending 2 Accident Investigation	WORK?  M 1 YES 2 NO	28d, DEŞCRIBE HOW INJUR	
ETED	3 ☐ Suicide 6 ☐ Could not be determined  26a. PLACE OF INJURY — At home, farm, stre-building, etc. (Specify)	e1, factory, office	26f. LOCATION (Street and N City or Town, State)	umber or Rural Route Number,
COMPL	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred a medical Examiner: On the best of examination and/or investigation, is			
TO BE C	200. SIGNATURE AND TITLE OF CERTIFIER  (6/1. Clum, OSD.	29c. LICENSE NU D 2/3	MBER 29€	1. DATE SIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	(ne) Chesterl	our med	21620
6	APR 30'90 Julia Davidson-Randelle			

~

hed by the hospital or attending physician.

The detached for use as the burial-transit permit. Pages 1, 2, 3 should MARYLAND 21203-3146 BALTIMOR ours after death. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

fled at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funers be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE	OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			ACTION AND AND AND AND AND AND AND AND AND AN	GIENE	
1. DECEDENT'S NAME (First, Middle, Last)	Elmer Edward				2. DATE OF DI MONTH ADTIL	EATH	year 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218–20–3606	6. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, Dec. 2	700ar) 5, 1908	BIRTHPLACE (State or Foreign Country) Maryland
90. FACILITY NAME (If not institution, give Corcica Hills				en Location of De			en Annes
RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	тү		TOWN OR LOCAT				10d. INSIDE CITY
Maryland Quee	n Annes	N	illing	CON ZIP CODE		10g, CITIZI	1 TES 2 NO
Glanding	Rd.			21651			USA
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 🔲 NO	If yes, sp	egify Cuban, Mexica	n, Puerto Rican,		14. RACE — American Indien, Black, White, atc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			rk done during mo retired.)	at of working	Agr	of BUSINESS/INDU	
17. FATHER'S NAME (First, Middle, Last)		Farming &	CONST			lding Maiden Surname)	
	Edward Gland	ding		Elva	Elling	sworth	
190. INFORMANT'S NAME (Type/Print)						ity or Town, State, Zip (	
Mary L Glandin	20	b. PLACE OF DISPOSIT			ington	Md. 216	
Suriat 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	sbury Ceme				Millingt	
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE Horas	!5	Fello	ows Funer	al Hom	e Millingto	on. Md. 21651
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	b	A CONSEQUENCE OF)		D-			Syro-
If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	c	A CONSEQUENCE OF)					
PART II. Other eignificant condition	one contributing to deeth	but not resulting in	the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Ou		OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Sp.	ecity)	
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	25b. TIME INJU	RY W	URY AT ORK? YES 2 NO	28d, DESCRIE	BE HOW INJURY OCC	PURED
3 Suicide & Could not b	28e. PLACE OF INJUI	RY — At home, farm, st pecify)	reet, factory, offi	De	28f. LOCATIO City or To	N (Street end Number e wn, State)	or Rural Route Number,
contact only	/SICIAN: To the best of my known NER: On the beele of axaminst						
29b, SIGNATURE AND TITLE OF CENTIF	TER RA	nit		DI23	1 0	29d. DATE	BIGNED (Morth, Day, Year)
30. NAME AND ADDRESS OF PERSON	Smith	()	ntrev	ille	mo	1 21	16/7
31. DATE FILED (MONH), Day (MA)	32 REGISTRAR'S SK Guha Davids				1		1

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / DI CER		MENT OF H		D ME	NTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		3. TIME OF DEATH
	Mary Edith Ge	eorge						April 23	,1990	EAR 2 20
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir		UNDER 1 YEAR	IF UNDER 24 H		DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	221-22-9208	1 🗆 M 2 📈 F	53	YRS.			" I	ec. 7, 1	.936	DE
~	9a. FACILITY NAME (If not institution, give	street and number)			b. CITY, TOWN C		F DEATH		9c. COUNTY	
DIRECTOR	(At home)				Millin	gton			Q.	.A.
JEC.	10e. STATE 10b. COUNT	Υ	10	loc. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MD	Q.A.		Mil	llingto	n				1 TES 2 NO
3AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	Route #213	1 40 1110 1110			1	21651				USA
	11. MARITAL STATUS  1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. ARMED	D	It yes, sp	ecify Cuban, M	exican, P	ORIGIN? (Specify Yes uerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE W	AN ON DATES		1 TES	2 NO S	pecify:			Specify: White
COMPLETED	15. OECEDENT'S EOU (Specify only highest grad	JCATION e completed)	16a. DECED	DENT'S USU	UAL OCCUPATION	ON ast of working		16b. KINO OF BUS	SINESS/INDUS	TRY
LEI	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)		k done during mo atired.)	•		YYama		
MP			HO	memak	ker			Home		
	17. FATHER'S NAME (First, Middle, Last)  Arthur S. Lane							First, Middle, Melden Duise Moc		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	ALLING AO	ODRESS (Street a		v	Number, City or Tow		orde)
10	Frances George	Jr.			x 38,Mi					way
	20a. METHOD DF DISPOSITION		20b. PLACE OF	OISPOSITIO	ON (Name of cer					y or Town, Stata
		novel from State	Asbur	y Cen	netery			M	lilling	gton,MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				WS Fun				
	Mary BV	tollo	10		Terro	MP TIMI	Gran	LIONE		
		20000	40		1 370 W	. Cvpr	ess	St. Mil	lingto	on MD 21651
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that	t caused the desti	Door of	orster the	de of dvino.	such a	cerdiec or reapi	lingto	on MD 21651
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final	complications that	t caused the death	Res	370 W	de of dvino.	such a	cerdlec or reap	ratory arrea	t, Approximate Interval Between Onset and Dear
		compilections that	factas	tic	ariter the me	de of dvino.	such a	cerdiec or reapi	ratory arrea	t, Approximate Interval Between Onset and Dear
	IMMEDIATE CAUSE (Final disease or condition	complications that	factas	PEOP :	370 W	de of dvino.	such a	cerdlec or reap	ratory arrea	t, Approximate Interval Between Onset and Dear
ION	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions,	to DUE	factas	ENCE OF):	1 370 W eriter the mo	de of dvino.	such a	cerdlec or reap	ratory arrea	t, Approximate Interval Between Onset and Dear
CATION	immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	to DUE	ON AS A CONSEQUE	ENCE OF):	370 W enter the man	de of dvino.	such a	cerdlec or reap	ratory arrea	t, Approximate Interval Between Onset and Dear
TIFICATION	Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	to DUE TO	ON AS A CONSEQUE	ENCE OF):	370 Wenter the mo	de of dvino.	such a	cerdlec or reap	ratory arrea	t, Approximate Interval Between Onset and Dear
SERTIFICATION	immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury	to DUE TO	OR AS A CONSEQUE	ENCE OF):	370 Wenter the mo	de of dvino.	such a	cerdlec or reap	ratory arrea	t, Approximate Interval Between Onset and Dear
AL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUE	ENCE OF):	enter the mo	ores	such a	CGAL	AUTOPSY	t, Approximate Interval Batwee Onset and Dear
AL.	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUE	ENCE OF):	enter the mo	ores	such a	cerdiec or reapi	AUTOPSY	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE
AL	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUE	ENCE OF):	enter the mo	ores	such a	CGAL	AUTOPSY	t, Approximate Interval Batwee Onset and Dear
MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUE	ENCE OF):	enter the mo	ores	such a	CGAL	AUTOPSY	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions of t	DUE TO	OR AS A CONSEQUE	ENCE OF):  ENCE OF):  uiting in t	the underlying	ores	auch a	CGCAL  24a. WAS AN PERFO!	AUTOPSY	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions of t	DUE TO  DUE TO  DUE TO  HOSPITAL:    Inpetient 2	OR AS A CONSEQUE  (OR AS A CONSEQUE  deeth but not resu	ENCE OF):  ENCE OF):  Ulting in t	the underlying	g csuse give	n in Par	24a. WAS AN PERFO!  Only one)  Other (Specify)	AUTOPSY RIVED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition of the condition of the cause of the	DUE TO	OR AS A CONSEQUE  (OR AS A CONSEQUE  deeth but not rest	ENCE OF):	the underlying  26. PI  DTHER:  Nursing Horr  OFF  28c. INX	g cause give	n in Par	CGGA  1 1. 24a. WAS AN PERFO!  1 1 YES 2	AUTOPSY RIVED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant conditions and the cause resulting in death of the conditions are conditions. If yes 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Natural Pending Investigation	DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  C.	OR AS A CONSEQUE  (OR AS A CONSEQUE  death but not result  (DR AS A CONSEQUE  (OR AS A CO	ENCE OF):  ENCE OF):  Uiting in t  DOA O' 4   DOA TIME D INJURY	the underlying the underlying the Underlying the Underlying Horn DTHER:  Number WC 1	g cause give	n in Par	t i. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY RINED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant conditions and the cause representation of the cause of	DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  C.	OR AS A CONSEQUE  (OR AS A CONSEQUE  deeth but not rese	ENCE OF):  ENCE OF):  Uiting in t  DOA O' 4   DOA TIME D INJURY	the underlying the underlying the Underlying the Underlying Horn DTHER:  Number WC 1	g cause give	n in Par	CGAL  24a. WAS AN PERFOR  1 YES 2  conly one)  Other (Specify) d. OESCRIBE HDW I	AUTOPSY RINED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Abdident Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER CERTIFIED BAY	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CONSEQUE  (OR AS A CONSEQUE  (OR AS A CONSEQUE  deeth but not result  ER/Outpatient 3   ER/Outpatient 3   FINJURY — All home, etc. (Specify)	ENCE OF):  ENCE OF):  Uiting in t  DOA 4 6 1  INJURY	the underlying  26. PI  THER:  Nursing Hom  Nr  M  1	g cause give	n in Par	CGCAL  1 1. 24a. WAS AN PERFOR  1   YES 2  conly one)  Other (Specify)  d. OESCRIBE HDW I  City or Town, State)	AUTOPSY RINED?  NUURY OCCU	246. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART H. Other algolificant conditions and the conditions of t	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CONSEQUE  (OR AS A CONSEQUE  (OR AS A CONSEQUE  deeth but not result  (OR AS A CONSEQUE  (OR AS A CO	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in t  DOA   4   28b. TIME D  INJURY  In occurred a	the underlying  26. PI  THER:  Nursing Hom  North Sectory, office  at the time, data	g cause give	n in Par	CGCAL  1 1. 24a. WAS AN PERFOR 1   YES 2  conly one)  Other (Specify)  d. OESCRIBE HDW I  City or Town, State)  the cause(a) and main	AUTOPSY RINED?  INJURY OCCU and Number or	246. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
COMPLETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART H. Other algolificant conditions and the conditions of t	DUE TO  B. DUE TO  B. DUE TO  DUE TO	OR AS A CONSEQUE  (OR AS A CONSEQUE  (OR AS A CONSEQUE  deeth but not result  (OR AS A CONSEQUE  (OR AS A CO	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in t  DOA   4   28b. TIME D  INJURY  In occurred a	the underlying  26. PI  THER:  Nursing Hom  North Sectory, office  at the time, data	g cause give	n in Par  If (Check Ince 6 28  28  28  d due to the time	CGCAL  24a. WAS AN PERFOR  1 VES 2  Only one)  Other (Specify)  Id. OESCRIBE HDW I	AUTOPSY THE DE TOTAL TOT	246. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the conditions in th	DUE TO  B. DUE TO  B. DUE TO  DUE TO	OR AS A CONSEQUE  (OR AS A CONSEQUE  (OR AS A CONSEQUE  deeth but not result  (OR AS A CONSEQUE  (OR AS A CO	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in t  DOA   4   28b. TIME D  INJURY  In occurred a	the underlying  26. PI  THER:  Nursing Hom  North Sectory, office  at the time, data	g cause give	n in Par  If (Check Ince 6 28  28  28  d due to the time	CGCAL  24a. WAS AN PERFOR  1 VES 2  Only one)  Other (Specify)  Id. OESCRIBE HDW I	AUTOPSY THE DE TOTAL TOT	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  RED  Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the conditions in th	DUE TO  DUE TO	COR AS A CONSEQUE  (OR AS A CONS	ENCE OF):  ENCE OF):  Uiting in t  DOA 4 (26b, TIME D INJURY)  form, street	the underlying  26. PI  THER:  Nursing Hom  OF 28c. INJ  WC 1  1 1  at the time, data in my opinion, d	g cause give	n in Par  If (Check Ince 6 28  28  28  d due to the time	CGCAL  24a. WAS AN PERFOR  1 VES 2  Only one)  Other (Specify)  Id. OESCRIBE HDW I	AUTOPSY THE DE TOTAL TOT	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  RED  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART H. Other algorificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH 1   Intural   Pending Investigation   Pending Investigat	DUE TO  DUE TO	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  Description of reserve of the consequence of the conse	ENCE OF):  ENCE OF):  Uiting in t  DOA 4 (26b, TIME D INJURY)  form, street	the underlying  26. PI  THER:  Nursing Hom  OF 28c. INJ  WC 1  1 1  at the time, data in my opinion, d	g cause give	n in Par  If (Check Ince 6 28  28  28  d due to the time	CGCAL  24a. WAS AN PERFOR  1 VES 2  Only one)  Other (Specify)  Id. OESCRIBE HDW I	AUTOPSY THE DE TOTAL TOT	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  RED  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH 1 Astural Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO  DUE TO	COR AS A CONSEQUE  (OR AS A CONS	DOA O 4 (28b. TIME D INJURY), farm, street a occurred a sestigation, i	the underlying  26. PI  THER:  Nursing Horn  OF 28c. INJ  WC 1  1 or 1  at the time, data in my opinion, d	g cause give	n in Par  If (Check Ince 6 28  28  28  d due to the time	CGCAL  24a. WAS AN PERFOR  1 VES 2  Only one)  Other (Specify)  Id. OESCRIBE HDW I	AUTOPSY THE DE TOTAL TOT	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  RED  Rural Route Number,

J DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALLIMORE, MARYLAND
TO THE HOSPITAL OR ALTENDING PHYSICIAN; The taw requires that the beam certificate be executed writing and a tier observed the first of the relation of the attending physician and completely filled in by the funeral director, page 5 should be detached.	ars after death, rage b may be retained by the frost in by the funeral director, page 5 should be detache
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	removal.
IMPORTANT: If Item 28 is marked, or item 23 snows any injury, or other tracmatic event, the medical examiner must be nothed at once.	edical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYI		RTMENT OF FICATE OF		MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT WIL	LIAM HARLE	Y			2. DATE OF DEATH DATE OF APRIL 2	1 27,1990 5:45pm				
	4. SOCIAL SECURITY NUMBER 220-32-6900	X 🕅 M 2 □ F	(In yrs. lest birthday 94 YRS.	MONTHS DAYS	7. DATE OF BIRTH (Month, Dey, Year) 1-5-96  8. BIRTHPLACE (State or Foreign Country) Md.						
TOR	99. FACILITY NAME (If not institution, give street end number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  PRINCE GEORGE'S CO										
DIRECTOR	10e. STATE 10b. COUNT		TY, TOWN OR LOC			10d, INSI LIMI 1 \rightarrow YE:					
FUNERAL	100. STREET AND NUMBER 5306 Mt. Airy	Lane		1	0f. ZIP CODE 20772		10g. CITIZEN	OF WHAT COUNTRY?			
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried X X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I		If yes,		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No- 14.	RACE — American Indien, Black, White, etc. Specify: Black			
	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed)  College (1-4 or 5+)	160. DECEDENT (Give kind of life. Do NOT) Farme	'S USUAL OCCUPA' of work done during in use retired.)	ION nost of working	Local					
ш	17. FATHER'S NAME (First, Middle, Last) George Harley					ME (First, Middle, Meiden ganna New	Surneme)				
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1114 Capitol Heights Blvd., Capitol Hghts,										
	20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) Resurrection Cem.  20c. LOCATION - City or Town, State Clinton, Md.										
	21. SIGNATURE OF FAMILIAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, INc. 6633 Old Alexander Ferry Road Clinton, Maryland 20735										
	23. PART I. Enter the diseases, or complication that caused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or haert fellure. List one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Out TO JOR AS, A CONSEQUENCE OF:  Out TO JOR AS,										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ERTIFIC	CAUSE (Disease or Injury thet Initieted evanta resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
MEDICAL C	PART II. Other significent condition	PERFO	PERFORMED? 24b. WERE AMAIL PERFORMED? 24b. WERE AMAIL COMP DF DE 1 1 1								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  1 pertiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ РНУ	1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH 1   Netural 5   Pending   Pendin										
ED	3 Suicide 6 Could not be 4 Homicide determined		ectfy)			26t. LOCATION (Street City or Town, State	)				
COMPLET	and a second	SICIAN: To the best of my kno ER: On the basis of examinat						couse(e) and manner on stated.			
TO BE	29b. SIGNATURE AND JITLE OF CERTIFIE	levise	C-		29c. LICENSE NU	MBER	29d, DATE 9	TONED (Month, Day float).			

32. REGISTRAR'S SIGNATURE
Julia Laurdson-Randall

MAY 0 4 90

STATE	0F	MARYLAND	/ DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
		C	CERTIFICAT	E O	F DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTA	L HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Marjorie Louis			2. DATE OF DEATH APTIL 30, PAY 1990 YEAR 4: 30 p. II									
4. SOCIAL SECURITY NUMBER 579-26-5344	6. SEX 8. AGE 1 ☐ M 2 ☒ F	(In yrs. lest birthday) 80 yrs.	IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.	J' DATE	OF BIRTH	1910	Gree	PLACE (State or Foreign Ensboro, N.		
3913 Longfello	w Street		ille	EATH		Prin		EATH George's				
	ounty Ince George's		Y, TOWN OR		ON .			10d. INSIDE CITY LIMITS? 1 4 YES 2 1				
100. STREET AND NUMBER 3913 Longfelle	ow Street				0781			U.S.		WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	H y	yes, speci	NDENT OF HISPAI Ify Cuban, Maxica NO Specif	n, Puerto						
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 12th Grade	S EDUCATION I grade completed)  College (1-4 or 6+)  None	s USUAL OCC work done du se retired.)	CUPATION uring most	of working	161	Own H		STRY				
17. FATHER'S NAME (First, Middle, L.  John Howard L:	her's NAME (First, Middle, Last) ohn Howard Little						Middle, Meiden ey	Sumame)				
19a. INFORMANT'S NAME (Apperhied  Mr. Charles L. Hibbard (Son)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3913 Longfellow Street, Hyattsville, Md. 20781												
20b. PLACE OF DISPOSITION (Name of cometery, cremetery or other place)  National Memorial Park  20c. LOCATION — City or other place)  National Memorial Park  22. NAME AND ADDRESS OF FACILITY  Francis Gasch's Sons Funeral He										n, Virginia		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algolificant co	er significant conditions contributing to death but not resulting in the underlying						PERFORMED?  1 YES 2 NO OF DEATH?			N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? BOTHER: 28. PLACE OF DEATH (Check only one)											
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pendir	1 □ Inpatient 2 □ ER/Or  28a. DATE OF INJUR  (Month, Day, Year	7 26b. TI	_	26c. INJUI WOR	IK?	_		HOW INJURY OCCURED				
Accident Investi Suicide a Could Homicide determ	28e. PLACE OF INJU building, atc. (S	, street, factor	M 1 YES 2 NO 28f. LOC. City			OCATION (Street and Number or Rural Floute Number, by or Town, State)						
CONSCI ONLY	PHYSICIAL TO best of my known that the best of axeminer									a) and manner as stated.		
SUPPLICATION OF CHARLES OF CHARLES	Usua_	M	3		DOS?			_		(Mogth, Day, Year)		
Thomas A. Bens	inger, M.D.	7525 Gre	enway	Cen	nter Dri	ve,	Greent	elt,	/ Mar	yland 20770		
31. DATE FILED (Month, Day, Year)	'90 Filial	BYATURE RAM	delle									

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH 3. TIME OF DEATH 4.											
ALFTUA UD	mmon	D			MONTH S	DAY 4	YEAR	9.00			
						***	10	C, (O			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIR		6. BIRT? Count	HPLACE (State or Foreign			
578 34 1959	1 □ M 2XQF 8	9 YRS.			12.31	1900		DC			
9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TOWN O	R LOCATION OF OR	ATH	9c. COU	NTY OF D	DEATH			
Washington Ad			Tako	ma Parl	k MD	P	G				
	varioubc		1 cent	ma zazi	1113		<u> </u>				
RESIDENCE OF DECEDENT											
100. STATE		IOG. CIT	1, IOWN OR LOCAL	ION				LIMITS?			
MDC DC		Wa	shingto	n				1-YES 2 NO			
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?			
3001 Bladens	burg Road	NE Was					USA				
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 16. RACE — American Indian, 18. HAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 18. RACE — American Indian, 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No— 19. WAS DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR											
1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spe											
15. DECEDENT'S EQUICATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY											
(Specify only highest grade completed) (Ghe kilful of work done during most of working											
Elementery/Secondary (0-12)	College (1-4 or 5+)										
Elementery		Food	Service			vate I	ndu	stry			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		1.5			
Transaction C				M	0						
William Canter    Many Canter											
Regina Oliver											
20s, METHOD OF DISPOSITION 1 Disposition 3 Remove	rel from State	b. PLACE OF DISPOS	SITION (Name of cen	netery, crematory or		20c. LOCATION -					
4 Donation 5 Other (Specify)	al Holli State	Arlin	gton Na	tional		Arlin	gto	n Virginia			
21. SIGNATURE OF EUNERAL SERVICE LIGE	NSEE . /			D ADDRESS OF FA	CILITY TO .	7 7 0	77	YY			
	1/				Dua			n Home			
1.00 A/	- llost	489	3200	Rhodei	sland	Ave MT	Ra	inier Md			
23. PART I. Enter the disesses, or co	molications that cause	ed the death. Do r	not enter the mo-	de of dying, euc	h as cardiac o	r respiratory as	rest.	Approximete			
shock, or heart fallure. L				, , , , , , , , , , , , , , , , , , , ,			,	Interval Between			
IMMEDIATE CAUSE (Finel	1							Onset and Death			
disease or condition	SEPT	ICE MI	Α					}			
disease or condition resulting in death)  a. 5 EPTICE MIA  DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) / a.	DUE TO (OR AS	A CONSEQUENCE O	F):								
resulting in death) / A.			A				-				
	PHEL	MOM	IA.	_			-				
Sequentially list conditions, if any, leading to immediate	PNEC	MD M	IA,	-115	T120						
Sequentielty list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	PNEC	MD M	IA,	ELLÎ	TUS						
Sequentielly list conditions, if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS  D I A  DUE TO (OR AS	A CONSEQUENCE OF	IA,	تعلاة	TUS	,					
Sequentielty list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	OUE TO (OR AS  D I A  DUE TO (OR AS	A CONSEQUENCE OF	IA,	تعللة	TUS	, No.					
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS  D I A  DUE TO (OR AS	A CONSEQUENCE OF	IA,	ELLI,	TUS	,*:					
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS  DIE TO (OR AS  HYPE	A CONSEQUENCE OF A CONSEQUENCE OF	IA, S M	9	Part I. 24s. 1	MAS AN AUTOPSY	241	b. WERE AUTOPSY FINDINGS			
Sequentielly list conditions, if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	OUE TO (OR AS  DUE TO (OR AS  HYPE  Contributing to death	A CONSEQUENCE OF A CONSEQUENCE OF REFERENCE OF TEXTS.	Fin the underlying	; cause given in	Part I. 24a. 1	MAS AN AUTOPSY PERFORMED?	241	AWAILABLE PRIOR TO			
Sequentielly list conditions, if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PER PER ER	OUE TO (OR AS  DUE TO (OR AS  LYPE  contributing to death	A CONSEQUENCE OF A CONSEQUENCE OF REFERENCE OF TEXTS.	FIS M FIS ON In the underlying AR D	cause given in	Part I. 24a.1	MAS AN AUTOPSY	241				
Sequentielly list conditions, if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PER PER ER	OUE TO (OR AS  DUE TO (OR AS  HYPE  Contributing to death	A CONSEQUENCE OF A CONSEQUENCE OF REFERENCE OF TEXTS.	FIS M FIS ON In the underlying AR D	cause given in	Part I. 24a.1	MAS AN AUTOPSY PERFORMED?	241	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
Sequentielly list conditions, if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PER PER ER	OUE TO (OR AS  DUE TO (OR AS  LYPE  contributing to death	A CONSEQUENCE OF A CONSEQUENCE OF REFERENCE OF TEXTS.	FIS M FIS ON In the underlying AR D	cause given in	Part I. 24a.1	MAS AN AUTOPSY PERFORMED?	241	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions  PER PER PER PER PER PER PER PER PER PER	OUE TO (OR AS  DUE TO (OR AS  LYPE  contributing to death	A CONSEQUENCE OF A CONSEQUENCE OF REFERENCE OF TEXTS.	FINE ON THE UNDERLYING ARE DE LA MPU	cause given in	Part I. 24a. 1	MAS AN AUTOPSY PERFORMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  PERIPER  3E  25. WAS CASE REFERREO TO MEDICAL EXAMINER?	OUE TO (OR AS  DIE TO (OR AS  FLY PE  Contributing to death  AL  HOSPITAL:	A CONSEQUENCE OF A CONS	F):  S M F):  In the underlying AR  AMPU  26. PL	CSUSE GIVEN IN	Part I. 24a. 1	MAS AN AUTOPSY PERFORMED? YES 2 NO	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  PERIPER SE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	OUE TO (OR AS  DIE TO (OR AS  FLY PE  Contributing to death  AL  HOSPITAL:  1 (L) Inpetient 2   ER/Ou	A CONSEQUENCE OF A CONS	FI:  S M FI:  In the underlying A D A D OTHER:  4 □ Nursing Hom	CSUSE GIVEN IN  SEASE  TA-TI OF  ACE OF OEATH (C)  S  Residence	Part I. 24a. 1 1 □  neck only one) 6 □ Other (Spec	MAS AN AUTOPSY PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  PERPER BE	OUE TO (OR AS  DIE TO (OR AS  FLY PE  Contributing to death  AL  HOSPITAL:	A CONSEQUENCE OF A CONS	F):  In the underlying AP  26. PL  OTHER:  A D V  A	CSUSE GIVEN IN  SEASE  TA-TI OF  ACE OF OEATH (C)  S  Residence	Part I. 24a. 1 1 □  neck only one) 6 □ Other (Spec	MAS AN AUTOPSY PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PER PHER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  LYPE  Contributing to death  A  CONTRIBUTE  HOSPITAL:  1 () Inpution 2 = ER/OU  288. DATE OF INJURY	A CONSEQUENCE OF A CONS	In the underlying  A P V  26. Pt  OTHER: 4 □ Nursing Hom  BE OF 28c. INJ.  WO	CSUSE GIVEN IN	Part I. 24a. 1 1 □  neck only one) 6 □ Other (Spec	MAS AN AUTOPSY PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PERPER A FER PART II. Other algnificent conditions  PERPER A FER PART II. Other algnificent conditions  PERPER A FER PART II. Other algnificent conditions  PERPER A FER PART II. Other algnificent conditions  PERPER A FER PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  LOW  Contributing to death  AL  CONTRIBUTION  CONTRIBUT	A CONSEQUENCE OF A CONS	F):  In the underlying AR  OTHER:  OTHER:  A University Home Wood M  I University Home Wood M  I University Home Wood M  M  I University Home Wood M	CACE OF OEATH (CHOCKER)  ACE OF OEATH (CHOCKER)  S = Residence URY AT RK?  YES 2 = NO	Part I. 24a. 1 1   1   1   1   1   1   1   1   1   1	MAS AN AUTOPSY PERFORMED? YES 2 NO	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO			
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PER PHER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  LYPE  Contributing to death  AL  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  (Month, Day, Year)	A CONSEQUENCE OF A CONS	F):  In the underlying AR  OTHER:  OTHER:  A University Home Wood M  I University Home Wood M  I University Home Wood M  M  I University Home Wood M	CACE OF OEATH (CHOCKER)  ACE OF OEATH (CHOCKER)  S = Residence URY AT RK?  YES 2 = NO	Part I. 24a. 1 1   1   1   1   1   1   1   1   1   1	MAS AN AUTOPSYPERFORMED? YES 2 NO  Lifty) HOW INJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  PERPER B  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  LOW  Contributing to death  AL  CONTRIBUTION  CONTRIBUT	A CONSEQUENCE OF A CONS	F):  In the underlying AR  OTHER:  OTHER:  A University Home Wood M  I University Home Wood M  I University Home Wood M  M  I University Home Wood M	CACE OF OEATH (CHOCKER)  ACE OF OEATH (CHOCKER)  S = Residence URY AT RK?  YES 2 = NO	Part I. 24a. 1  1   Beck only one)  6 Other (Spec 28d. DESCRIBE 28f. LOCATION	MAS AN AUTOPSYPERFORMED? YES 2 NO  Lifty) HOW INJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 VES 2 NO			
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  PERP PERP PERP PART II. Other algnificent conditions  PERP PERP PERP PART II. OTHER II. OTHER PART II. OTHER II. OTHER II. OTHER III. O	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  LOW  Contributing to death  AL  CONTRIBUTION  CONTRIBUT	A CONSEQUENCE OF A CONS	In the underlying  A P P  26. PL  OTHER: 4   Nursing Hom JURY M  1   V  street, factory, office	ACE OF OEATH (CHORN AT MIXY YES 2 NO	Part I. 24a. 1 1 □ 1 □ 1 □ 1 □ 1 □ 1 □ 1 □ 1 □ 1 □ 1	NAS AN AUTOPSYPERFORMED? YES 2 NO  NO  (Street and Number, State)	CCURED or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO			
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions  PER PHER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  FLY PE  Contributing to death  AL  CONTRIBUTION  CONTRI	A CONSEQUENCE OF A CONS	In the underlying AR DOTHER: 4 OTHER: 4 ON Nursing Hom ME OF 26c. INJURY WO WO THE OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF	ACE OF OEATH (CHORN AT PIECE 2 NO	Part I. 24a. 1 1   1   1   1   1   1   1   1   1   1	NAS AN AUTOPSY PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	CCURED or or Rural arted.	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 VES 2 NO  Route Number,			
Sequentielty list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PERPRESENTED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  FLY PE  Contributing to death  AL  CONTRIBUTE	A CONSEQUENCE OF A CONS	In the underlying AR DOTHER: 4 OTHER: 4 ON Nursing Hom ME OF 26c. INJURY WO WO THE OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF	ACE OF OEATH (CA	Part I. 24a. 1 1	NAS AN AUTOPSY PERFORMED? YES 2 NO  City) HOW INJURY Of (Street and Number, , State) and manner as st	or or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,  (e) end menner as stated.			
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions  PER PHER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  FLY PE  Contributing to death  AL  CONTRIBUTION  CONTRI	A CONSEQUENCE OF A CONS	In the underlying AR DOTHER: 4 OTHER: 4 ON Nursing Hom ME OF 26c. INJURY WO WO THE OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF	ACE OF OEATH (CHORN AT PIECE 2 NO	Part I. 24a. 1 1	NAS AN AUTOPSY PERFORMED? YES 2 NO  City) HOW INJURY Of (Street and Number, , State) and manner as st	or or Rural sted.	ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 VES 2 NO  Route Number,			
Sequentielty list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificent conditions  PERPRESENTED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  FLY PE  Contributing to death  AL  CONTRIBUTION  CONTRI	A CONSEQUENCE OF A CONS	In the underlying AR DOTHER: 4 OTHER: 4 ON Nursing Hom ME OF 26c. INJURY WO WO THE OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF 1 OF	ACE OF OEATH (CA	Part I. 24a. 1 1	NAS AN AUTOPSY PERFORMED? YES 2 NO  City) HOW INJURY Of (Street and Number, , State) and manner as st	or or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,  (e) end menner as stated.			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions  PER PRESIDENT SET SET SET SET SET SET SET SET SET SE	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  P P P  Contributing to death  A P P  CONTRIBUTION  CONTRIBUTION  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  1AN: To the best of my kno	A CONSEQUENCE OF A CONS	F):  In the underlying AP P P P P P P P P P P P P P P P P P P	ACE OF OEATH (CA	Part I. 24a. 1 1	NAS AN AUTOPSY PERFORMED? YES 2 NO  City) HOW INJURY Of (Street and Number, , State) and manner as st	or or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Route Number,  (e) end menner as stated.			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions  PER PRESIDENT SET SET SET SET SET SET SET SET SET SE	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  FLY PE  Contributing to death  AL  CONTRIBUTION  CONTRI	A CONSEQUENCE OF A CONS	F):  In the underlying AP P P P P P P P P P P P P P P P P P P	ACE OF OEATH (CA	Part I. 24a. 1 1	NAS AN AUTOPSY PERFORMED? YES 2 NO  City) HOW INJURY Of (Street and Number, , State) and manner as st	or or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Route Number,  (e) end menner as stated.			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions  PER PRESIDENT SET SET SET SET SET SET SET SET SET SE	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  P P P  Contributing to death  A P P  CONTRIBUTION  CONTRIBUTION  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  1AN: To the best of my kno	A CONSEQUENCE OF A CONS	F):  In the underlying AP P P P P P P P P P P P P P P P P P P	ACE OF OEATH (CA	Part I. 24a. 1 1	NAS AN AUTOPSY PERFORMED? YES 2 NO  City) HOW INJURY Of (Street and Number, , State) and manner as st	or or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Route Number,  (e) end menner as stated.			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions  PER PRESIDENT SET SET SET SET SET SET SET SET SET SE	OUE TO (OR AS  OUE TO (OR AS  DUE TO (OR AS  P P P  Contributing to death  A P P  CONTRIBUTION  CONTRIBUTION  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  1AN: To the best of my kno	A CONSEQUENCE OF A CONS	F):  In the underlying AP P P P P P P P P P P P P P P P P P P	ACE OF OEATH (CA	Part I. 24a. 1 1	NAS AN AUTOPSY PERFORMED? YES 2 NO  City) HOW INJURY Of (Street and Number, , State) and manner as st	or or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Route Number,  (e) end menner as stated.			

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		SIAIE UF N			ICATE (				MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)					<u> </u>			2. DATE OF DEATH			3. TIME OF DEATH
Harry	Ben	jamin	HARRIS	ARRIS					April 28, 1990			1:50 A.M.
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. last	IF UNDER 1 Y	R 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
225-14-120	3	1 📉 M 2 🗆 F	88	YRS.	MONTHS D	AYS I	HOURS MI	IN.	May 15,19	01	Count	rginia
9a. FACILITY NAME (If not in	nstitution, give str	set and number)			9b. CITY, TO	OWN OR	LOCATION C	OF DE			INTY OF D	
Doctors H	osnital				Ĩ.a	nha	m			p	rinc	e Georges
RESIDENCE OF DE					100	mid					TINC	c deorges
10a. STATE	10b. COUNTY				Y, TOWN OR I							10d. INSIDE CITY LIMITS?
Maryland		e George	es	Ca	apital		-					1 TES 2 NO
10e. STREET AND NUMBER						101. 2	IP CODE	_				WHAT COUNTRY?
9404 Firt	ree Par	k St.					2074	3		U	.S.A	•
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 VE					If yo	es, speci		exicer	IC ORIGIN? (Specify Yea i, Puarto Rican, etc.)	of No—	14. RACI Blac Spec	E — American Indian, k, White, etc. #/y: White
	EDENT'S EDUCA				USUAL OCCL		of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (	1	College (1-4 or 5 +	Him	Do NOT us	e retired.)	ng most	or working					
5			Fa	arme	r				Agricu	1tur	е	
17. FATHER'S NAME (First, A	fiddle, Last)						IS. MOTHER	'S NAI	AE (First, Middle, Maiden	Surname)		
Pete Ha:		_					Bet	ty	Ryder			
19a. INFORMANT'S NAME (	,, ,								loute Number, City or Tow			
Pauline Wi				9504	Beech	Pa	rk St	٠,	Capital H	eigh	ts,	Md. 20743
20a, METHOD OF DISPOSIT	on 3 🗆 Ramo	vgi.from State	20b. PLACE ( other pla	OF DISPOS	SITION (Name	of ceme	tery, cremetor	y or	20c. LO	CATION -	- City or To	own, Stata
4 🖰 Donation S 🗆 Other			Ft	. Li	ncoln					ntwo	od.	MD.
SH-SHIMATURE OF FUNERU	ea A	Eles Be	111				E. W			43 - Su	08 S	uitland Rd. nd, MD 20746
23. PART I. Enter the d	Iseeses, or co	omplications tha	t ceused the de	th. Do r								Approximate
iMMEDIATE CAUSE (Fit disease or condition resulting in deeth)		est only one cau	1.1.	m l UENCE O	man	The state of the s	A	7	rest			Onset end Death
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji- that initiated events resulting in deeth) LAS	odlete ING ury c	De hi Due to Acut Due to	ACT ATT NOR AS A CONSEC TO AS A CONSEC THE SEASE	UENCE O	esth perel inth	R	cute copin	dy	Conal f Chronic Tory Far	obs	Pan truti	refilmorary
PART II. Other aignific	ent conditions	contributing to	deeth but not n	aulting	in the unde	rlying	cause give	n In	Part i. 24s. WAS AN		241	b. WERE AUTOPSY FINDINGS
100	raan	10	Bran	14	Syn	do	Blus	2	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Jenr	ogeni	c I	Jely.	hag	116		_				OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?		HORRITA				26. PLA	CE OF DEAT	H (Che	ck only one)			
1 YES 2 TO NO		HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER:	g Home	5 🗆 Realde	enca	6 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28a. DATE OF (Month, D		26b. TIM	E OF 28	Ic. INJUI WORI		0	28d. DEŞCRIBE HOW I	NJURY O	CCURED	
0 0 0 0 0 0 0 0 0 0 0	Could not be detarmined	28e. PLACE O building,	F INJURY — At hou atc. (Specify)	ne, farm,	street, factory	r, office			261. LOCATION (Street of City or Town, State)		er or Rural	Route Number,
onel									to the cause(a) and mai			(a) and manner as stated.
29b. SIGNATURE AND TITLE	Υ.	Cn	ward	4	Mi	2.	D 2	E NUN	549	29d. DA	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS O	INGA	1.D.	65/1	27) (Type	Print)	wo	th 1	42	e Rive	vda	ile.	14.0. 2073,
MAY 7 9	O Tear)	0	dson-Rando	02								

1 - STATE REGISTRAR	STATE OF MA			ATE OF				EG. NO.	E		
1. DECEOENT'S NAME (First, Middle, Last)		1/					2. DATE OF D	DEATH			3. TIME OF DEATH
	Gerald .	rald Jackson		HOLMES			April 25, 1990				0900 M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birth	hday) IF	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			6. BIRTHE	PLACE (State or Foreign
578-50-8754	1 🔀 M 2 🗆 F	52 Y	RS. MON	THS DAYS	HOURS	MIN.	Nov. 9		37	Country	hington.D.C
9e. FACILITY NAME (If not institution, give str	eet end number)			CITY, TOWN	OR LOCATION	ON OF OR		, 17		NTY OF DE	
1010 Plum Point R	oad.			Hunti	natow	m.			Ca	alver	t.
RESIDENCE OF DECEDENT					,,,,			0.0			
10a, STATE 10b. COUNTY		c. CITY, TO	WN OR LOCA	TION						10d, INSIDE CITY LIMITS?	
MD Calver	rt	Į H	lunti	ngtow							1 TYES 2 NO
10e. STREET AND NUMBER				10	H. ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTRY?
1010 Plum Point Ro					2063				USA		
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1 X	VER IN U.S. ARMED YES 2 ☐ NO					NIC ORIGIN? (S		or No—		— American Indien, White, etc.
3 Widowed 4 N Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 YE	8 2 X NO	Specif	y:			Specifi	y white
15. DECEDENT'S EDUC	ATION	tee DECEDI	ENT'S HOL	AL OCCUPAT	ion.		T con Mill	O OF BUI	SINESS/IN	DUCTOV	
(Specify only highest grade of	completed)	(Give ki		done during in		ng .	Tous Kill	O OF BOX	M4E33/114	DOSTAL	
Elementery/Secondary (0-12)	College (1-4 or 5+)	owner					con	stru	ctio	n con	npany
17. FATHER'S NAME (First, Middle, Last)		TOWNET			16. MOT	HER'S NA	ME (First, Middl	e. Maiden	Sumame)		
Alfred Vivian Holm	nes				11.00		Ponton		,		
19e. INFORMANT'S NAME (Type/Print)		19b. MA	VILING ADI	ORESS (Street			Route Number, C		n, State, Zi	p Code)	
Donna Marie Neri		320	7 Me	dway S	Stree	t Wh	eaton	MD 2	0902		
28%, METHOD OF DISPOSITION		20b, PLACE OF D					cacon			City or Tov	wn, State
1 🗘 Buriel 2 🗆 Cremation 3 🗆 Remo	val from State	Cedar	Hi 11	Cemet		Sui	tlan	d MI	)		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 3		22, NAME /	NO ADDRE						/
Robert Go	Willia	. )					helm F	uner	al H	ome	
STORUS (D.	STURE		0				20746	(10000	-	22.00	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23. PART I. Enter the diseases, or c shock, or heart failure. i			DO NOT	enter the m	ode or dy	ing, auc	on as cardiac	or reapi	ratory at	reat,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	774				11						Onset and Death
reaulting in death)	l	Adim			MEC	114	AMOC				
	DUE TO (OI	R AS A CONSEQUE	NCE OF):	NW	: 41		,				
Sequentially list conditions,	DUE TO (O	R AS A CONSEQUE	NCE OED-	1211	ak 1	10 1		2011	~		
If any, leading to immediate cause. Enter UNDERLYING	352 15 (61	, no n oonozooz	TOL OF J.	ny	ELAS	5	252				i i
CAUSE (Disease or Injury that Initiated events	DUE TO (OI	R AS A CONSEQUE	NCE OF):		-		_4 -0				
resulting in death) LAST											
	•										
PART II. Other algolificant condition	s contributing to de	eath but not resu	iting in t	he underlyl	ng cause	given in	Part I. 24	PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
							10	YES 2	□ NO		OF DEATH?
										- 1	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		~	26. THER:	PLACE OF C	EATH (C	heck only one)				
18 YES 2 □ NO O-K	1   Inpatient 2   E				me 5 R	esidence	6 Other (St	pecify)			
27, MANNEY OF DEATH	28e. DATE OF IN (Month, Day,		INJURY	V	IJURY AT YORK?		26d. DEŞCRI	BE HOW	NJURY O	CCURED	
1 Netural 5 Pending 2 Accident investigation					YES 2 [	_ NO					
3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At home, :. (Specify)	farm, stree	rt, factory, off	Ice			ON (Street own, State)		er or Rurel R	loute Number,
4 Homicide determined											
Correct only	CIAN: To the best of m	knowledge, death	occurred e	t the time, de	te and place	, and du	e to the cause(e	e) and ma	nner as st	ated.	
one) MEDICAL EXAMINE	R: On the basis of exar	nination and/or inves	etigation, i	n my opinion,	death occu	red at the	e time, date and	f place, ar	nd due to	the cause(s	) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	D.	D 10	1	\	29c. LJC	ENSE NU	MBER		29d. DA		(Month, Day, Year)
C, on	". "	4. W	Cal	poses						4-	25-90
30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE	OF OEATH (ITEM 27		*							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (NPR. Princ)  ISSAM F. el-Damalouji, M.D. Prince Frederick, Maryland 20678											
Issam F. el-Damalo				Prince	rre	deri	ck, Ma	ry Ia.	IIG	2007	8
Issam F. el-Damalo		signature door-hand		Prince	r're	derı	CK, Ma	ry ia.	na –	2067	8

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

0
RECORDS,
VITAL
OF
DIVISION
1

MEDICAL

PHYSICIAN:

BY ETED

COMPL

BE 2

14343 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRED EVERETT 1047 HILBURN 5 A M 4. SOCIAL SECURITY HUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 174099737 94 YRS. Se. FACILITY HAME (If not institution, give street and number) 9h. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Southern MAR DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10d. IHSIDE CITY Md. 1 YES 2X NO P.G. Upper Marlboro FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4801 Colonel Brook Court 20772 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 4 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married XXXX Married IF YES, GIVE WAR OR DATES 1 TES 27 NO BY 3 Widowed 4 Divorced White WWI COMPLETED 16e. DECEDENT'S USUAL OCCUPATIOH
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Government Elamentary/Secondary (0-12) College (1-4 or 6+) 12 5+ Chemical Engineer Dupont 17, FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Malden Surname) Frank Hilburn Edith Horne BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marie Hilburn Same as 10a-10f. 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Easton Cemetery 4 Donation 5 Other (Specify) Easton, Pa. 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. BIGHATURE OF FUNERAL SERVICE LICENSEE 6633 Old Alexander Ferry Road Clinton, Maryland 20735 eriano 23. PART I. There the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition\_\_\_ reaulting in death) CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):

that initiated events reaulting in deeth) LAST PART II. Other algorithms conditions contributing to death but not resulting to the underlying cause given in Pert I. | 24e, WAS AN AUTOPSY

- Coron Sep Diale	ald of Mel	Jose Marker	della 4	PERFORMEO?  1   YES 2   NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 YES 2 HO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	t 3 DOA 4 N	26. PLACE OF DEATH (CER: ursing Home 5 - Residence			
27. MAHNER OF DEATH  1 Hetural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 HO	28d. DESCRIBE HOW INJURY OCCUR	ED	
3 Suicide 8 Could not be determined	26s. PLACE OF INJURY — A building, stc. (Specify)	t home, ferm, street, fe	ctory, office	261. LOCATIOH (Street and Number or Rural Route Number, City or Town, State)		

1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL TRAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER	nn	29c. LICEHSE NUMBER  - 20824	29d. DATE SIGNED Month, Day, Year)

Ş	A D	pe q	at o
CALLINGIE, MAILE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of he find within 72 hours after neath with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
Ē	De re	Je 5	9 10
ĵ	THRY	r pag	st b
5	9 9	recto	E
	Pag.	E G	iner
į	death	fune	жаш
ò	after	y the	lea (
	Surs	in by	nedi
	74 11	filled ion, c	he T
	ithiu	letely emat	nt, 1
-	w bei	al, cr	eve
2	DOCUM	and o	natic
<	pe	ician ior to	ranu
í	ficate	physical principles	her t
j	certi	ding	r of
	Seath	atte	٦, ٥
2	the (	d Me	르
	that	ed by	any
	uires	Sign	344
2	w req	been f. of	she
į	he ian	has Dec	n 23
	N: T	State	ie.
	SICIA	certi	1, 0
5	품	r this	arke
5	DING	After	S Th
2	TTEN	TOR:	28
DIVISION OF THE PECCHES, T.C. BOX 10149,	OR A	DIREC	tem
4	M	PAL 1	=
	OSP	UNE	ANT
	내	THE F	ORT
	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its first within 25 hours after death with the State Dect. of Health and Mental Hypiene prior to burial, cremation, or removal.	IM

Richard
31. DATE FILED (Month, Day, Year)

APR

24 '90

€. Smith

									9	0 1434
	FOR STATE REGISTRAR	STATE OF MARYLAND /		RIMENT OF H			YGIEN EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Frances Irene l		ER		2. DATE OF I	DEATN D/	λY	YEAR :	3. TIME OF DEATN
	Frances			IF UNDER 1 YEAR	IF UNDER 24 HRS.	_	- 20	1-9		913 A M
\	4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2 F 75				7. DATE OF E (Month, Da June 4	y, Ybar)		Mary	land
1	9a. FACILITY NAME (If not institution, give at	,			OR LOCATION OF DE	ATN			TY OF DE	
0	Washington County Hospital Hagerstown Washing								.ngto	n
EC	10a. STATE 10b. COUNTY	1	10c. CI1	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
- DIR	Maryland Washi	ngton	На	gerstown						LIMITS?
FUNERAL DIRECTO	208 High Street			10	21740			US		HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED O	If yes, sp	CENDENT OF NISPAN ecify Cuban, Maxica 5 2 7 NO Specify	n, Puerto Ricer		or No-	14. RACE - Black, Specify Whit	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gir	ve kind of	USUAL OCCUPATI work done during me se retired.)			b on	SINESS/IND	JSTRY	
E COM	17. FATHER'S NAME (First, Middle, Last) Charles Shry				16. MOTHER'S NA Bertha L			Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Richard A. Young				and Number or Rural I					
	20a. METNOD OF DISPOSITION  M☐ Burial 2 ☐ Cremation 3 ☐ Rame	ovel from State 20b. PLACE (	OF DISPO	SITION (Name of ce	metery, crematory or		20c. l.O	CATION —	Sity or Tow	rn, State
	4 Donation 5 Other (Specify)			en Cemet	ery		Hag	gerst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	~	Minnit	hadrunera	THOME				
	) Scott	Manne	//	415 E.	Wilson	Blvd.,	Hag	gerst	own,	Md. 21740
	23. PART I. Enter the diseases, or o	complications that caused the de- Liet only one cause on each line.	ath. Do	not anter tha me	oda of dying, suc	h as cardiac	or resp	iratory sm	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	a. Congestive		eart F	Factore					Onset and Death
z		b. Severe card  DUE TO (OR AS A CONSECUENCY CARD		•						10 years
E							,			10 years
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. AV + COLOSCLEV DUE TO (OR AS A CONSEC	OUENCE (	e Cara	COVASCUL	ar	aire	are	ja	20years
B		d,								1
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 PAO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. Time of Part II. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 PAO  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY MINJURY WORK? 1 YES 2 NO								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
z						_				
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)				
SIC	1 YES 2 THO	1 Inpatient 2 ER/Outpatient 3	□ DOA	OTHER: 4  Nursing Hor	ne 5 🗆 Residence	8 Other (Sp	pecify)	<u>.</u>		
N PH	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TH	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRI	BE HOW	INJURY OCC	URED	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At ho- building, atc. (Specify)	me, farm,	street, factory, offic	00	281. LOCATIO City or R	ON (Street bwn, State		or Rural Ro	oute Number,
COMPLETED	(Orlock Only	ICIAN: To the best of my knowledge, de								and manner as stated.
w l	29b. SIGNATURE AND TITLE OF CERTIFIE	A			29c. LICENSE NUI	MBER				(Month, Day, Year)
TO B	Hilliand E.  30. NAME AND ADDRESS OF PERSON WH	Anuth, M. D		a Brinth				1	1/29	190
	WILL WIND VAPALESS OF LEUSON MU	O COMPLETED CAUSE OF DEATH (ITE	- 41) (1yp	o, rinnj						

1708

Julia Davidson-Randall

DHMN-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA-flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 a filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAN				OLITTI	10/1		DE/1			HEG. NO.			
1. OECEDENT'S NAME (First, Howard		HAUSE							MONT	of DEATH DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUME 214-09-493		6. SEX	6. AGE (in y	rs. last birthday) YRS.	IF UNI	DER 1 YEAR 18 DAYS	IF UNDER	24 HRS. MIN,	7. DATE (Mont	of BIRTH h, Day, Year) c. 24,	1906	Count	IPLACE (Stote or Foreign aryland
9s. FACILITY NAME (If not in	stitution, give s	street and number)			9b. C	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						-	
2345 Marsh Pike						Hagerstown Washington							
RESIDENCE OF DEC					1	lager	SLOWI				Wat	311111	,
10e. STATE	10b. COUNT	Υ		10c. CI1	ry, tow	N DR LOCA	ATION						10d. INSIDE CITY
Maryland	Wash	nington		1	Hage	ersto	wn						1 YES 2 NO
10e. STREET AND NUMBER						1	or. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
2345 Marsh	Pike						21740	)			J	JSA	
11. MARITAL STATUS	LINC	12. WAS DECEDE				13. WAS DE			NIC ORIGII	N? (Specify Yes	or No-	14. RAC	E — American Indien, k, White, etc.
1 Never Married 2 🔯 3 Wildowed 4 Olivo		FORCES?					pecify Cube S 2 🔀 NO			Ricen, etc.)			k, White, etc. hy; nite
	EOENT'S EDU		.10	Se. OECEOENT'S	USUAL	L OCCUPAT	ION		161	. KINO OF BUS	SINESS/INI	DUSTRY	
(Specify online Elementary/Secondary (I	ly highest grade	College (1-4 or 5	4)	(Give kind of life. Do NOT u	work do ise retire	ne during n d.)	nost of world	ng					
8	-12)	conege (14 or s	"	patt	ern	make				aircr	aft		
17. FATHER'S NAME (First, M	liddle Lest)			pace	CIII	marce		HER'S NA	ME (First	Middle, Meiden			
									, ,	krone			
W. Scott F				T 405 MAIL IN	0.4000	ECC /Chance				ber, City or Tow	- Ctata 7/	n Codel	
						•				own, M			
Helen Haus					_				erst				III - 2011
20a. METHOD OF DISPOSIT 1 ☑ Burlel 2 ☐ Crematic 4 ☐ Donation 8 ☐ Other	on 3 🗆 Rem	noval from State	0	ther place) Se Hil				metory or			cation - gers		, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			T	22. NAME	AND ADDRE	SS OF FA	ACILITY	HOME			
1500	I	- m	ins	neg	1		VICH :				ager	stow	n, Md. 21740
IMMEDIATE CAUSE (Fit disease or condition resulting in dasth)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY	tions,	b	`	CONSEQUENCE (	OF):	OP	nei	en	u Or	nd			Onset and Desth
CAUSE (Disease or Injuthst initiated events resulting in death) LAS	ury	d.	O (OR AS A C	ONSEQUENCE (	OF):								
PART II. Other significa			- 446-6-4		1				D. A.I.	24a. WAS AN			b. WERE AUTOPSY FINDINGS
	_	evall	sec	da Cido	rt	els	011	10	nose	PERFOI 1   YES 2	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL		ar.	- uce		26.	PLACE OF	DEATH (C	heck only o	one)			
EXAMINER?  1 YES 2 NO		HOSPITAL:	FR/Cutnet	ient 3 🗆 nos		HER:	ome 5 🗆 R						
27. MANNER OF DEATH		28a. DATE C		28b. TI	_	-	NJURY AT	IE SIGNICO	1	er (Specify) SCRIBE HOW	INJURY OF	CCUREO	
	Pending Investigation		Day, Year)		VAUCE		YES 2	□ NO					
9 Devlotes -	Could not be determined		OF INJURY — g, etc. (Specify	At home, ferm	, street,	factory, of	fice			CATION (Street y or Town, State)		er or Runal	Route Number,
2 MET 29b. SIGNATURE AND TITL	E OF CERTIFIE	res V	k Ca	end/or investigat	tion, in r	my opinion	, death occi		e time, de		nd due to 1	the cause	(e) and manner as stated.
30. NAME AND ADDRESS C	Kot	DERT	V.	L. CI	if IV	IP	<i>be</i> .	1/		HA	GE	RS	TOWN
APR 18 90	Year)	GUNA VAL	RAR'S SIGNAT	fandale.									

hosp	tache		CB.	l
the	de		100	l
5	og p		d a	I
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 froms affer death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
a	90		96	l
may	of pa		st	ı
9 9	recto		Ē	l
ž	al d		ner	ŀ
death.	e funer		ехаш	l
after	by th	EMOM3	Ical	ľ
FIDULS	u pe	. B	med	ı
54	III /	tion,	the	ı
Within	npletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,	ŀ
oted	8	rial,	9 3	ŀ
exec	and	0 0	mat	ı
8	ician	0	neu	ı
tificate	1 phys	ene pr	ther t	ı
9	Ming	ğ	0 1	l
death	atte	mtal	7,0	ŀ
the	the	d Me	를	ĺ
that	ed by	th an	any	I
Jires	Sign	Healt	WS	۱
regi	рееп	. of	sho	Ì
e law	has	Dep	23	ĺ
ž	cate	State	Hem	l
SE	ertif	the	0	i
YH.S	this	with	ked	
NG F	ther	ath	шаг	ļ
Q.	R: A	er de	95	ı
ATT	8	s aft	1 28	
N N	OIRE	hours	Item	
TAL	RAL	2	=	
OSP	UNE	rithin	ANT	
포	포	ed w	ORT	
10	101	De fil	MP	
~		دد	_	

	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPART			MENTAL HYGIENI REG. NO.	E	1 10 10
	1. OECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF OEATH MONTH DA	Y YEA	3. TIME OF OEATH
	Verlin Stan	lev	Hay	mes		4 20	90	
8 0	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (I	Mr.	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)
)	215-18-2897 $x^{0}$	M 2 F 70	YRS.		R LOCATION OF DE	Sept 14,19	919 G	Gapland, Md.
R I	103 Eighth Avenue			Bruns	swick		Fred	derick
FUNERAL DIRECTO	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c. CITY. 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
E	Maryland Frederi	ick	1 2 2	swick				LIMITS?
ار	10e. STREET AND NUMBER	LCX	1 DECI		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	103 Eighth Ave.				21716		11. 9	5. A.
3	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14. I	RACE — American Indian, Black, Whita, etc.
BY F		FORCES? 1 YES			ZNO NO Specify	n, Puarto Rican, etc.)		Specify:
		Sui 1	40- 0505051/7/0 1/0			16b. KIND OF BUS		White
	15. DECEDENT'S EOUCATIO (Specify only highest grade comp	pleted)	(Give kind of wor life. Do NOT use r	k done during mo		166. KIND OF BUS	SINESS/INDUST	NT .
2	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Farmer			Farmin	oct	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		LULINCE		18. MOTHER'S NA	ME (First, Middle, Maiden		
BE C	T. Stanley Haynes	5			Mabe]	Marie Mu	llendor	re
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street a	nd Number or Rural F	loute Number, City or Yow	n, State, Zip Code	e)
2	Clarke T. Haynes		103	Patric	Rd., Ha	gerstown,	Maryla	ind 21740
	208. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal	from State	PLACE OF DISPOSIT other place)				CATION — City	
	4 Donation 6 Other (Specify)	P	leasant V		netery  D ADDRESS OF FA		kittsvi	lle, Md.
	21, SIGNATURE OF FUNERAL SERVICE LICENS	David 1		22. NAME AF	ID ADDRESS OF PA		Boonsb	oro Pike
	John H. Bast,	Jr.		BAST I	UNERAL H	IOME, Boons	sboro,	Md. 21713
	23. PART I. Enter the diseases, or com- ahock, or haart failure. List			anter tha mo	da of dylng, suc	h aa cardlac or respi	ratory arrest,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final	_	100000	_				Onset and Death
	diseasa or condition resulting in death) a	Gunshot w	ound to h	nead		(rifle	e)	
	_	OUE TO (OR AS A	CONSEQUENCE OF):					i
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):					
CAT	cause. Enter UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST							
AL C	PART II. Other significant conditions co	ontributing to death b	ut not resulting in	tha undarlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
Æ								1 N YES 2 □ NO
PHYSICIAN: MEDIC								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
YSi	1 X YES 2 NO 1	Inpetient 2 ER/Outp	atlent 3 DOA 4	☐ Nursing Hon	e 5 Residence			
F	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJUI	RY WC	RK?	28d. OESCRIBE HOW I		
BY	2 Accident Investigation	4/20/90 280. PLACE OF INJURY	At home from an		YES 2 X NO	Self in		
G	3 X Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	cify)	eet, rectory, ornic	•	City or Town, State)		
Ē	29a. CERTIFIER		nome					Brunswick.MD
COMPLETED	(Check only	N: To the best of my know						use(a) and manner as stated.
8		THE DESIGN OF EXAMINATION	and or meaning attori,	т пу оршоп, ч				
BE	296- SIGNATURE AND PATE OF CATIFIER				29c. LICENSE NUI	WBER		GNEO (Month, Day, Year)
2	36. NAME AND ADDRESS OF REBER WHO C	OMPLETEO CAUSE OF OF	ATH (ITEM 27) (Type F	rint)	OCME		1 4	1/20/90
	Frank J. Peretti				111 т	Penn St.	Dal±	o.MD.
	31, DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		111 1	CIIII St.	DdII	U a PII J a
	APR 24'90	Julia Davidson	- Randall					

4.3011

DHMH-18 Rev 1/89

3	2		ě
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		offflad
e	96		9
шау	ir, pag		et h
9	읈		Ě
Page	ii dire		Dar
death.	funera		Nami
Her	4	Oval	6
52	5	Гет	Ť
חסכ	P	ŏ	E
24	/ fille	tion,	190
uthin	letely	еша	ţ
≶ 0	DE C	0	976
ę,	2	ıria	4
Sec.	ang	Ď,	anat.
8	ian ian	37 30	2115
ite	ysic	pijd	+
ű	든	all e	à
ert	ing	è	ê
5	end	I	6
dea	E	епта	3
the	the	D M	10
hat	0	an I	7500
88	gne	aalth	9
gi,	IS U	Ĭ	200
A re	pee	1.0	90
8 S	has	8	23
Ē	ate	tate	1
AN	tific	e S	2
200	Ce	4	-
Æ	this	×	4
9	fter	ath	0
9	A	Ď	4
E	108	afte	800
RA	REC	ULS	1
0	0	2	18.
NE C	R	7	7 2
8	UNE	1	4
H	H	M P	ě
Ξ	F	file	000
2	2	8	28.5

	* REGISTRAR				CERTIF	ICAI	E OF	DEA	I H		REG. NO.			
	1. DECEDENT'S NAME (First, Mid		san Hy	<u>k</u> es	1					2. DATE O MONTH Apr	DEATH DA	ľ8, 1	990	3. TIME OF DEATH 12:15 P M
	4. SOCIAL SECURITY NUMBER 204-30-6668		5. SEX	6. AGE (In yr	s. lest birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS.		F BIRTH Day, Year) 4-1916	5	8. BIRTH Countr	PLACE (State or Foreign y) Penna.
	9e. FACILITY NAME (If not institut	+-1		96. CITY, TOWN OR LOCATION OF DEAT Hagerstown			ATH			NTY OF D	EATH			
	Washingt RESIDENCE OF DECED 100. STATE	ldI			OR LOCAT		LOWII			Wo	151111	ngton		
	Penna.	Fran	klin		10c. CIT			astle	5					10d. INSIDE CITY LIMITS?  1 YES 2 X NO
ŀ	100. STREET AND NUMBER	lv Pi	tcher Hi	ghwa v			101	1. ZIP COD					U.S.	A.
	11. MARTIAL STATUS  11. MARTIAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13.	If yes, sp		ın, Mexica	n, Puerto R	(Specify Yes ican, etc.)			
	15. DECEDE (Specify only hig			16	a. DECEDENT'S (Give kind of	work done	during mo		ng	16b.	KIND OF BUS	INESS/IND		IIte
	Elementary/Secondary (0-12)		College (1-4 or 5	-)	Home	ema k					Ног	use W	lork	
	17. FATHER'S NAME (First, Middle		United					18. MOT			iddle, Maiden	Surname)		
	Johr		Hykes		19b. MAJLING	ADDRES	SS (Street a	and Numbe		rah Route Numb	MUSS (			
	John Hyk	kes			A. A. J. H. C. S.									17225
	20a. METHOD OF DISPOSITION 1  Burial 2  Cremation 4  Donation 5  Other (Spe	3 🗌 Remo	oval from State	oti	ACE OF DISPO her place) eautifu				-			cation – h i n d i		wn, state Co.Maryland
į	21. SIGNATURE OF FUNERAL SE	ERVICE LIC	7			22	NAME A	ND ADDRE	ss of FA	Carli	sle S	t.	0011	Joinar y rana
	23. PART i. Enter the disea	-	Limi				G	reen	cast	le,Pe	nna.	17225		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO			үе Н: Сн.	by Sivi	0 0	henerte	yor Yies	y has	estic	dis	Interval Between Onset and Death 2 4 V
	Sequentially list condition: if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ta	DUE TO	IOH AS A CO	ONSEQUENCE O	PF):								/
	PART II. Other aignificant	condition	a contributing to	death but	not resulting	in the c	ınderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR	RMED?	248	MERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ř										-				1 YES 2 NO
	25. WAS CASE REFERRED TO M EXAMINER?  1 YES 2 NO	EDICAL	HOSPITAL:	☐ ER/Outpatio	ent 3 🗆 DOA	OTHE	R:			8 🗆 Other				
	27. MANNER OF DEATH  1 Natural 5 Pen		28a. DATE Of (Month, E		28b. Till IN	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE\$	CRIBE HOW I	NJURY OC	CURED	
1	3 Suicide 6 Cou	estigation uid not be ermined	28e. PLACE (building)	F INJURY — etc. (Specify)	At home, farm,	street, fa	ctory, offic	00		28f. LOCA City of	ATION (Street or Town, State)	and Numbe	r or Rural	Route Number,
	construction of the		CIAN: To the best of a											a) and manner as stated.
	296. SIGNATURE AND TITLE OF	CERTIFIER	in	1	4.1	1		29c, LIC	ENSE NU	MBER >12	1	29d. DA	TE SIGNED	(Month, Day, Year) 18-90
	A. F. ABD	ULL	COMPLETED CALL	SE OF DEATH	V. PO	e, Print)	1AC	57.				ow,	v, r	1P. 21740
	31. DATE FILED (Month, Day, Year	100	32. REGISTR	AR'S SIGNATI						· · · · · · · · · · · · · · · · · · ·				

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

White

21619

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPATION OF CAUSE

D 4-17.90

Approximate interval Between **Onset and Death** 

14. RACE — American Indian, Black, White, atc. Specify:

1 YES 2 NO

8. BIRTHPLACE (State or Foreign Country) Rock Hall,

12:00 p M

DALLIMORE, MANILAND ZIZUS-3140	ours after death. Page 6 may be retained by the hospital or attending physician.	of in by the funeral director, page 5 should be detached for use as the burial-tran or removal.	medical examiner must be notified at once.	TO BE COMPLETED BY FUNER
DIVISION OF VIEW INCOMES, 1.3. 20% 1913.	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - Just after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT: If Item 28 is marked, or i

BE

2

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND Ce		TMENT OF			REG. NO.	E				
	DECEOENT'S NAME (First, Middle, Last)	Minnie I	ouise	Hvns	ion		2. DAT		199	EAR	1 2 : 0 0		
	4. SOCIAL SECURITY NUMBER 219-14-3323	5. SEX 1 M 2 1 F	8. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	<del></del>	HRS. 7. DATE	(Month, Day, Year) Co		BIRTHPLA Country)	CE (State or F		
TOR	9e. FACILITY NAME (If not institution, give  Mrs. Venables  RESIDENCE OF DECEDENT		Home		эь. сіту, томы Низ	OR LOCATION	OF DEATH		oc. COUNTY				
- DIRECTOR	10a. STATE 10b. COUNT	oline		10c. CITY	Hurlock  100. CITY, TOWN OR LOCATION  Hurlock  100. ZIP CODE  100. CITIZEN								
FUNERAL	Mrs. Venables	12. WAS DECEDE	IG HOME		13. WAS O	216	HISPANIC ORIG	ilN? (Specify Yea	U.	S.A.	American Ind		
B	1 Never Married 2 Married 3 Widowed 4 Novered  15. DECEDENT'S EO	IF YES, GIVE	MAR OR DATES		If yes, apecity Cuben, Maxican, Puarto Rican, etc.)  □ YES 2 → NO Specity:  Susual Occupation  18b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	most of working		SE RIVE OF BUI	5NC23/NC03								
BE CO	17. FATHER'S NAME (First, Middle, Last)  Edward Cole					na Aps	, Middle, Maiden	Sumame)					
TO E	June Stubbs		Rt.		149	Ches	terto	wn, M	D 2				
	20e. METHOD OF DISPOSITION  100 Burlel 2 Cremation 3 Ref 4 Donation 8 Other (Specify)	other pi	lace)	Chape		etery	ery Rock Hall						
	21. SIGNATURE OF FUNERAL SERVICE L	Hellen	heri		_	216							
	23. PART I. Enter the diseases, or shock, or heart fallure IMMEDIATE CAUSE (Finel										Approxir interval i Onset sr		
	disease or condition resulting in death)	e. COPD  DUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentially list conditions, if eny, leading to immediata cause, Enter UNDERLYING	DUE TO	Apnea O (OR AS A CONSE										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		Ilmonale CORAS A CONSE Dic Schi										
AL CE	PART II. Other eignificent condition					ing cause gi	ven in Part i.	24s. WAS AN			ERE AUTOPSY		

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 1 Natural 8 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide

29a. CERTIFIER (Check only one)

A I CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.

226388

ID. SIGNATURE AND TITUE OF CERTIFIES	1	29c. LICENSE NUMBER	29d. DATE SIGNED (Month. Day. Year)
	and any opinion, a	and and at the time, date and bisse, at	or man to the cannelal and member an action

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michael Fadden, J. MD 302 Collins Ave., Hurlock, MD 21643

32. REGISTRAR'S SIGNATURE Julia Davidson-Randall

	1 - STATE REGISTRAR	SIAIL OF I	IARTLAND /		ICATE				WENIAL H	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)	Allen							2. DATE OF E	DEATH	NY.	YEAR	3. TIME OF DEATH
	Harry A	Hunt							4	4		90	7:05 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les	t birthday) YRS.	IF UNDER 1		HOURS	24 HRS. MIN.	7. DATE OF B (Month, De)	y, Year)		Countr	
	159 - 03 - 2703	1.	98	THS.	9b. CITY,	TOWAL OR	LOCATIO	ON OF DE		L3, [			sylvania
DIRECTOR		ospital				ast		ON OF DE	AIN		Ta	Thot	EAIR
3EC	10a. STATE 10b. COUNT	Υ			Y, TOWN OF								10d. INSIDE CITY LIMITS?
	,	n Anne's		Ce	ntrev	ille	9						1 X YES 2 NO
FUNERAL	R.D. 2, Box 42					10f. 2	ZIP CODE						States
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 1		11		ify Cuba	n, Mexica	IIC ORIGIN? (S n, Puerto Rican /:		or No—		E — American Indian, k, White, etc. #//: hite
ED	15. OECEDENT'S EDU (Specify only highest grade	JCATION e completed)	/G	the kind of	USUAL OC	CUPATION	of workin	a	16b. KIN	D OF BUS	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	His	. Do NOT u	ee retired.) hier	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	s	tock	Bro	kera	ge
E CON	17. FATHER'S NAME (First, Middle, Lest) David John Hu	ınter					18. MOTH Emi		ME (First, Middle Jane		Sumame) len		
0	190. INFORMANT'S NAME (Type/Print) Pe	ersonal R	ep. 19	b. MAILING	AODRESS	(Street and	d Number	or Rural I	Route Number, C	Olty or Town	m, State, Zi	p Code)	
2	James A. Mears		F	R.D.	2, Bo	x 41	., C	entr	eville	, Ma	ryla	nd 2	1617
	20e. METHOD OF OISPOSITION  1 X Burlel 2 Cremetion 3 Ren 4 Donetion 6 Other (Specify)	4/1/90	20b. PLACE other pi	(ece)	sition (Nam .e1d		,,	, ,				ille	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  James J. Barton, Jr.  22. NAME AND ADDRESS OF FACILITY  Barton Funeral Home												
		Bant											ryland21617
	23. PART Neater the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel	List only one cer	ise on each line	D.									Approximate Interval Between Onset and Death
	disesse or condition resulting in death)	a. ALLY	OSC/EN (DR AS A CONSE	DUENCE C	("A DF): (	nd.	OVI	1500	11-	DIS	CALC		ZWEEKS
NO	Sequentially list conditions,	bOUE TO	(OR AS A CONSE	OUENCE (	(AC	JTC	+ C	われて	- FAIL	cons	CITIV	10)	
ICAT	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	C	(DR AS A CONSE										
CERTIFICATION	that initiated events resulting in death) LAST	d	(Dr. AS A CONSE	DUENCE	л.								į
LC	PART II. Other significent condition	ne contributing to	deeth but not	resulting	In the unc	derlying	ceuse (	given in	Part i. 24		AUTOPSY	241	. WERE AUTOPSY FINDINGS
ICAL	PRERENAL AZ	otemia	Sewada	14 1	to lo	N C	Arc	V. A.		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	OUT PUT			/					_				1   YES 2   HO
NA N	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)												
SIC	EXAMINER?  1 YES 2 NO 1 Propertient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending		FINJURY Day, Year)	28b. TII	ME OF JURY M	28c. INJU WOR 1   YI		] NO	28d. DESCRI	BE HOW	INJURY O	CCURED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE	OF INJURY — At his, etc. (Specify)	ome, tarm,	atreet, tecto	ory, office			28t. LOCATIO	ON (Street own, State)	and Numbe	er or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only	SICIAN: To the best o	f my knowledge, d	eath occur	red at the th	me, data a	and place	, and due	to the cause(s	a) and ma	inner as st	ated.	
OM		IER: On the basic of	examination end/or	investigat	ion, In my o	pinion, de	ath occu	red at the	time, date and	l place, er	nd due to	the cause(	a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFI		200				29c. LIC	ENSE NUI	MBER 1466		29d. DA	1/5	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH (ITE	EM 27) (Typ	e, Print) Lu	dwig	J.	Eg1	seder,	III	, M.	D. E	aston, MD2/60
	31. DATE FILEO (Mohth, Day, Year)	32 REGISTR	AR'S SIGNATURE	nd oo	00	0 1	· // c	-1	1001/	9~10	6715	100	IIId
	APR 0 9 90	Gunar	auldson-Na	Toront	,								DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

AND 21203-3146

DALIMA	after death. Page	he funeral din	examiner
	,	y in by ta	the medica
12140,	executed within	and complete	matic event,
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	th certificate be	ending physicial If Hygiene prior	or other trau
CHDS, L	es that the dea	gned by the att	s any Injury,
IAL MEC	The law requir	ate has been si ate Dept. of He	em 23 show
N OL N	NG PHYSICIAN:	ther this certification at the Si	marked, or i
DIVISIO	L OR ATTENDI	L DIRECTOR; Ai	Item 28 Is
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely con in by the funeral difference within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

	FOR STATE REGISTRAR	STATE OF MA		DEPAR ERTIF					MENT	AL HYGIEN REG. NO.	E		. 400
	1. DECEDENT'S NAME (First, Middle, Last)	HOPST	LUCRE	ETIA	HOF	RST			2. DAT		Y (	YEAR 3.	319 Am M
	4. SOCIAL SECURITY NUMBER 218 - 38 - 1693	5. SEX 1 ☐ M 2 🗹 F	8. AGE (In yrs. las		IF UNDER	DAYS	IF UNDE	MIN.		TE OF BIRTH	900	B. BIRTHPLA Country)	NCE (State or Ffireign
TOR	98. FACILITY NAME (If not institution, give sti	Center			CO	lun	10CAT	ON OF DE	ATH		Sc. COUNT	NATO	County
DIRECTOR	10s. STATE 10b. COUNTY	shington			y, town				ī				d. INSIDE CITY LIMITS? YES 2 \( \) NO
FUNERAL	10e. STREET AND NUMBER 747 Guilford Aven	ue				10	ZIP COL	740			A .		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 TA			If yes, sp	ecify Cub		n, Puart	GIN? (Specify Yes o Rican, etc.)	or No-	14. RACE — Black, W Specify:	American Indian, Thite, etc.  White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S ive kind of . Do NOT u	work done	during m	ON ost of work	ing	1	Own ho		ISTRY	
M	17. FATHER'S NAME (First, Middle, Last)	1.		поп	iciiar	CL	140 1100	rueno Ma	105 (5)	t, Middle, Maiden			
BE CC	James Baker	Newcon					Lu	creti	la	Parthe	enia	Gow	er
10	Janice A. Floy								atonsv	llle,	Md.		
	20a. METHOD OF DISPOSITION 15 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pl Bake	of Dispo	111e	Cem	eter	у			cation — c ersvi]		Wash.,Md.
	21. SIGNATURE OF FUNERAL MERDICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, In 40 E. Antietam St., Hagerstown, Md												
	Onest and Deet											Approximata interval Between Onset and Death	
z	DUE TO (OR AS A CONSEQUENCE OF):  (Alkar a verolic Cordin various Disson 10 488												
CATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
ایا	PART II. Other significent condition	resulting	in the u	nderlyir	ng cause	given in	Part I.	24a. WAS AN PERFO		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO		
MEDICA					_					1 🗆 YES	NO	0	OMPLETION OF CAUSE F DEATH?
ICIAN:	25. WAS CASE REFERRED TO MEDICAL					26.6	ACE OF	DEATH (C)	nack and	(000)			
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:				ther (Specify)			
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	INJURY y, Year)	28b. TII		28c. IN	JURY AT ORK? YES 2			DESCRIBE HOW	INJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												nd manner as stated.
BE	29b. SIGNATURE AND TULE OF CERTIFIES	Son All	An Y	HO	2		29c. LI	CENSE NU	MBER 89	3	29d. DATE	SIGNED (N	23 (90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													

guine Sairdson-Randall

21203-3146 uital or attending physician.

5 , 4 - 5 w

	8	0 0	Ë
	90	ian or to	ag.
)	He	pri	5
	2	등	Je .
	IND THE IOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at the first physician and the first physician and the first physician to be first and Mental Hygiene prior to it.	IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traums
	5	end H H	0
•	dea	att att	2
)	he	A E	큳
1	at the	30	Ä
	5	pa th	an
	res	sign	50
ĺ	nba	H TO	ě
	× =	, pe	69
1	10	Dep	2
	Ĕ	ate ete	E
	ż	St	=
•	2	the	0
	3	is of	ė.
•	4	5 5	ž
	NG	Afte	E
?	2	R.	69
?	E	5 to	28
	A	RE(	E
)	0	50	=
	K	PA S	=
	SS	NE PE	Z
	¥	11.3	É
	Z	본용	8
	8	23	\$
-	Z,		-
1		1	

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF			ENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, L)	is h	abole	0_			2. DATE OF DEATH MONTH DA	2 = -	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		(In yrs, last birthday)	IF UNDER 1 YEAR		24 HRS.	7, DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)			
1	220 30 4001  9e. FACILITY NAME (If not institution, g		7 9 THS.	9b. CITY, TOW	OR LOCATIO	ON OF DEAT	TH 29-	9c. COUNTY	Va.			
<u>۳</u>	WAShingh	,	Hosp	Takor					gomery			
ğ	RESIDENCE OF DECEDENT			Y, TOWN OR LO					10d. INSIDE CITY			
DIRECTOR		G.		ital H		ts			LIMITS?			
1	10e. STREET AND NUMBER			-	IOI. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	4914 Emo Stre								SA			
	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEOENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes,		Mexicen,	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No.— 14.	RACE — American Indien, Black, White, atc. Specify:			
B	3 Widowed 4 Divorced	IF TES, GIVE WAN ON L	AICS	''''	29 Z 🗌 🕪	эрвспу.			Black			
TED	15. DECEDENT'S (Specify only highest g	rade completed)	18e. DECEDENT'S (Give kind of life. Do NOT u	work done during		g	16b. KIND OF BUS	INESS/INOUST	(RY			
PLE	12th Grade	College (1-4 or 5+)	Nurse	30 101/100.)			Nure	ina Ho	nme.			
COMPLET	17. FATHER'S NAME (First, Middle, Last	)	Nurse		18. MOTH	IER'S NAMI	E (First, Middle, Meiden		NIII C			
BE (	Albert Hic	:ks					Northing					
10	19e. INFORMANT'S NAME (Type/Print)			Coulty or History			oute Number, City or Town	THE CO.				
9	Jennie Melton  20a METHOD OF DISPOSITION  #13 Suriel 2   Cremation 3   1		b. PLACE OF DISPO				lakoma Pa		or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify)		other place)	Cemete	erv		Land	dover	, Md.			
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	11 1	22. NAME	AND ADDRES	SS OF FACI	719 Keni	nedy S	St., N.W.			
CAA	1 Carp	26/1/	lling	Ral	oh Wi	llia	ms F.S.	Wash:	ington, D.C.			
enica enica	23. PART i. Enter the diseases, shock, or heart falle	or compilcations that cause ure. List only one cause on		not antar tha	noda of dyi	ng, such	as cardiac or respi	retory arrest	intarvai Batween			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)  ■ CARDIOGENIC SHOCK  □ UE TO (OR AS A CONSEQUENCE OF):  ■ VENTRCUAR FIBRILLATION  ■ 24 GMG.											
	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE O	OF):	21100							
N	Sequantially list conditions,	- NENTRIC	LULAR	FI	BAL	LAT	CIOW		2 4 cms.			
ATIO	If sny, lasding to immediata causa. Enter UNDERLYING	DUE TO (OH AS	A CONSEQUENCE (	r):					MONTHS			
IFIC	CAUSE (Disease or injury that initiated events	CO NO W ALL			2				MONTHS			
CERTIFICATION	resulting in death) LAST	d. COND NA	ry A	RTEN	1 1	1283	6		YEA RS			
CAL C	PART II. Other significant cond	Itions contributing to death	but not resulting	in the underly	ing cause g	givan In P	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
0 =		n HyperTR	LOPHY				1 YES 2	0/24-	COMPLETION OF CAUSE OF DEATH?			
AN: MEDI	HYPERTEN:	510 N .					_   '`		1 TYES 2 NO			
AN:	25. WAS CASE REFERRED TO MEDICA	n		26	PLACE OF O	EATH /Chec	nk note one)					
PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO	HOSPITAL:	tpatient 3 🗆 DOA	OTHER:			Other (Specify)					
PHY	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c.	INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCUR	RED			
BY P	1 Natural 5 Pending 2 Accident Investigat		W 40.5		YES 2			141	0.10.10.10			
TED	3 Suicide 8 Could no 4 Homicide determine		ecify)	atreet, ractory, o	mice		28f. LOCATION (Street City or Town, State)		HURBI HOUTE NUMBER,			
COMPLETED	(Oracon only)	PHYSICIAN: To the best of my kno										
B	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND ADDRESS OF PERSON 7610 CARROL		EATH (ITEM 27) (Typ		AKON	.0	Pare 5	10 2	0912			
	31. DATE FILEO (Month, Day, Year)	12. REGISTRAP S SIG			77.007		4140 4		, ,			
	MAY 03'90	gwa Davidson	April									

MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE REGISTRAR
I	1. DECEDENT'S NAME (F
	BARLENE
ď	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SIAIL OF I			CATE OF				REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	16	**					2. DATE OF	DEATH	DAY	YEAR	3. TIME OF DEA	тн
	BARLENE	HA	TCH					MAY	1		990	3.40	AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthe	- 14	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH ey, Year)		8. BIRTH Country	IPLACE (State or Fi	oreign
	246-70-7805	1 M 2 F	43 YF					09 15	46	-		Carolina	
OR	9a. FACILITY NAME (If not institution, give :  IAUREL HOSPITAL	street and number)			ALREL	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF D	EATH	
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ	10c	. CITY,	TOWN OR LOCAT	ION						10d. INSIDE CITY	r
DIRECTOR	Maryland		La	ure]								LIMITS?  YES 2	NO
FUNERAL	9320 Traders Crossing	<del></del>			2	2IP CODE	9			Unite		tes of An	erica
BY FU	11. MARITAL STATUS  1 Never Married 2XX Married  3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 X NO WAR OR DATES										en,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kin	d of wo	SUAL OCCUPATION And the done during mo retired.)	N st of workin	g	16b. KI	ND OF BU	JSINESS/IN	DUSTRY		
MPLE		College (1-4 or 5 -	F)		Secretary					ics Ir	ĸ.		
	17. FATHER'S NAME (First, Middle, Lest)  Earl Flowers					Adel		ME (First, Mid KET	dle, Maidei	n Sumame)			
) BE	19a, INFORMANT'S NAME (Type/Print)		19b. MA	LING A	DDRESS (Street a	nd Number	or Rural F	loute Number,	City or Tox	wn, State, Zi	(p Code)		
5	Adell Flowers		9320	Trac	dens Cros	sing	Lau	rel, Ma	rylar	rd 2072	23		
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE OF DI other place)			netery, crem	natory or			ocation – Isboro		h Carolin	a
•	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  W.H. Bacon Funeral Home												
	3447 14th Street, N.W. Washington, D.C.												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  Fig. 12 Con as a consequence of:  Fig. 12 Con as a consequence of:  Fig. 12 Con as a consequence of:  Fig. 13 Con as a consequence of:												
	PART ii. Other significant condition	ns contributing to	deeth but not resul	ting in	the underlyin	g ceuse (	given in	Part i. 2		N AUTOPSY	24b	. WERE AUTOPSY	
V: MEDICAL	Septice	inia	Cooquet	140	£ -			_	PERFO	2 JAIO		AMAILABLE PRIOF COMPLETION OF DF DEATH?  1 YES 2	CAUSE
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF D	EATH (Ch	eck only one)					
SIC	1 WES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ D		OTHER: 4 - Nursing Hor	e 5 □ Re	sidence	6 🗆 Other (	Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, I		. TIME INJU	RY W	URY AT ORK? YES 2	□ NO	28d. DEŞCI	RIBE HOW	INJURY O	CCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (	OF INJURY — At home, f , atc. (Specify)	arm, et	reet, factory, offic			281. LOCAT City or	ION (Stree Town, Stat	t and Numb	er or Rural i	Route Number,	
COMPLETED	one)		f my knowledge, death o									a) and manner as	stated.
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFI	War	un W	)_		29c, LIC	ENSE NUI	1391	Ь	29d. DA	5	(Morith, Day, Year 1-90	)
_	30. NAME AND ADDRESS OF PERSON W	Jahren	U 32	1 i	Print) HINCE	600	90	St	Lou	rel	Mrc	2070	7
	31. DATE FILED (Month, Day, Year) MAY 0 3 '90	32. REGISTR	AR'S SIGNATURE	•		,						11	
		- / /											

nio "

DIVISION OF	JOING PHYS	: After this	death with
DIVISI	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this o	within 72 hours after
	王	품	filed
	2	2	Pe
		,	_

31. DATE FILEO (Month, Day, Year)
MAY 3 '90

30. NAME AND ADDRESS OF PERSON WHO COM

		FOR STATE REGISTRAR		STATE OF I	MARYL			TMENT				MEN	NTAL HYGI					
Γ	1	1. DECEDENT'S NAME (First,	, Middle, Last)										DATE OF DEAT	DAY		WEAR	3. TIME OF DEATN	
- 1				CHAR	LIB	AT	EXAN	DER	HYN	ISON		'	April		19	YEAR	8.15 P.	M N
1	3	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE	(In yrs. las		IF UNDER 1	W-11 AND 11	IF UNDER	24 HRS.		DATE OF BIRTH	-	1	6. BIRTHPLACE (State or Foreign		ign
	F	223-24-8181		1 X M 2 - F	8	2	YRS.	MONTHS	DAYS	HOURS	MIN.		Month, Day, Yes		07	Count 17 T	RGINIA	
		9a. FACILITY NAME (If not in	estitution, give s	street and number)				9b. CITY.	TOWN	OR LOCATI	ON OF E					NTY OF C		
	œ			y's Hosp	1407													
	6	RESIDENCE OF DEC	EDENT	у в довр	T PGT				ьęс	mard	TOW	1				St.	Mary's	
	DIRECTOR	10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN OF	LOCA	TION							10d. INSIDE CITY	
	6	MARYLAND	ST.	MARY'S			Н	OLLYW	1001	)							1 - YES 2 X N	10
	A	10e. STREET AND NUMBER							10	f. ZIP COD	E			-10	IOg. CITI	ZEN OF	WHAT COUNTRY?	
	FUNERAL	RT. #1, BO	X 798							20	636		US				A	
	3	11. MARITAL STATUS		12. WAS OECEDE	NT EVER	N U.S. AR	MED						RIGIN? (Specif		No-	14. RACE — American Indian, Black, White, etc.		i,
	- 11	1 Never Merried 2		FORCES?			10			B 2 NO			,					
1	ВУ	3 X Widowed 4 Divo	orced	l												W	HITE	
	ETED	(Specify only	EDENT'S EDU ly highest grade	completed)		(G	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						16b. KINO OF	BUSINE	ESS/INC	DUSTRY		
	7	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	1	CARPENTER						CTV	TT	מקום.	VICE		
ce.	COMPL	17. FATNER'S NAME (First, M	ficially ( ast)				ARTE	MILL	_	16 MOT	HED'S N	AME (	First, Middle, Ma			VICE		
5		THOMAS HYNS								1			OUND	0011 001	· mannoy			
9	BE	19a. INFORMANT'S NAME (1				19	h MAILING	Anness	(Street				Number, City o	Town S	State 7ir	Code)		
ig i	2	JOHN C. HY								WOOD,				0636				
pe		20g, METHOO OF OISPOSIT			20			SITION (Nan									own, State	
nust		1 N Buriel 2 Crematic	on 3 🗆 Rem	noval from Stata		other pl	ece)	MEMOR								•	ARYLAND	
9		21. SIGNATURE OF FUNERA		CENTRE	, 1	1				ND ADDRE		_		44.5.7.17.1	DOIL	. 9 11	AKILAND	
examiner must be notified at once.		Edward	N. A	Shul	4	1							ERAL H LEONAR			MD	20650	
medical		23. PART I. Enter the d	liseases, or	complications th	et ceuse	d tha de	ath. Do	not enter	the m	ode of dy	ing, su	ch ss	cardiac or r	espirat	tory sn	reat,	Approximat	ta
疆				List only one ca	use on a	aach line	).										Interval Bat Onset and	
E.		IMMEDIATE CAUSE (Fir disease or condition	nei -	Ventricular tetrillation.														
ent,		reaulting in deeth)		e. OUE TO	OUE TO (OR AS A CONSEQUENCE OF):												1	
or other traumatic event,	z	ii E		colonaly artely De							1 4	ON	20					
I a	RTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING  AND CONSTRUCTION OF AS A CONSEQUENCE OF):  CAUSE CONSTRUCTION OF AS A CONSEQUENCE OF):																
E	S	cause. Entar UNDERLY CAUSE (Disease or Inju		c >10	le		Simo Node						Diseane			20		
i i	E	that initiated events		DUE TO	OR AS	A CONSE	OUENCE O	ř):					,					
5	ERI	resulting in death) LAS		a. 10		PC	26	e i	V	a	4	V						
Injury,	LC	PART II. Other significa	ent condition	ns contributing t	o death	but not⊿	resulting	in the un	derlylr	ng cause	alven l	n Pari	t I. 24a, WA	S AN AU	ITOPSY	24	b. WERE AUTOPSY FIN	DINGS
	<	DA	210	insou	10	4	1	8 C	Ou.	^ (	7			RFORME			AVAILABLE PRIOR TO COMPLETION OF CA	0
\$ 30	EDIC	ra	D/C	1800	1	-	V C			2			. 1 🗆 YI	S 2	NO		OF DEATH?	
shows any	Σ												.				1 TYES 2 NO	0
23	SICIAN:																	
item	2	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:				OTHER	_	PLACE OF 1	DEATH (C	check o	only one)					
6	YS	1 TYES 2 NO		1 13 Inpetient 2		tpatient 3	_		_		lasidence	-	Other (Specify					
Is marked,	PHY	-	Pending	28a. DATE O (Month,	Day, Year)		28b. TIR	JURY M	W	JURY AT	- NO	28	d. DESCRIBE H	OW INJU	IURY OC	CURED		
mar	BY	2 Accident	Investigation	28e. PLACE	OF BUILD	M 44 h	(			YES 2	NO	+			4.41		0	
28 Is	ED	3 Suicide 6 4 Nomicide	Could not be determined	building	, atc. (Spi	ecify)	, m, m,	arrest, racto	иу, оп	Cu		200	t. LOCATION (S City or Town,		u Numbe	r or murai	riodie Namber,	
Item 2		29a. CERTIFIER									-			_				
=	MP	(Check only		SICIAN: To the best of		_											le) and a	-44
ANT	COMPL			-	diam's	and/or	mivestigati	on, in my o	piriiON,	-							s) and manner as sta	nted.
IMPORTANT: II	BE	296. SIGNATURE AND TITLE	E OF CENTIFIE	( ) n	r		14	1 1			ENSE N		R	2			D (Month, Day, Year)	
IME	2	30, NAME AND ADDRESS O	E DEBEON "	HO COMPLETE	No.		W 07. ~	76	)		D236	34				) -	3-90	
- 1		I AA' IAWE WAD VADDUESS O	" LEUGOM MI	TO COMPRETED LA	VOL UT D	MAIN NIE	m 4/1///D	s. Cintil										

A. Patil, M.D.
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle M.D.

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Leonardtow, Md

to the second second second second second second second second second second second second second second second

. (1

Travis Antonio Hudson

6. AGE (In yrs. last birthday)

4

Maryland 9c. COUNTY OF DEATH

- Baltimore

Sinai	Hospital	of	Baltimor
RESIDENCE	OF DECEDENT		
10a STATE	10h COU	VTV	

5 SEY

1 X M 2 - F

10c. CITY, TOWN OR LOCATION

(Baby)

Baltimore City

21122

10d. INSIDE CITY 1 TYES 2 ND

Maryland Anne Arundel 10e. STREET AND NUMBER

9e. FACILITY NAME (If not institution, give street end number)

A SOCIAL SECURITY NUMBER

N/A

10a. STATE

DIRECTOR

FUNERAL

BY

E

COMPLET

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

0

MPORTANT

Pages 1, 2.

permit.

the burial-transit

Pasadena 101, ZIP CODE

10g. CITIZEN OF WHAT COUNTRY?

7830 Levy Court Apt. - 601 11. MARITAL STATUS
1 Never Merried 2 Married

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 X NO

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 TYES 2 NO Specify:

U.S.A 14. RACE — American Indian, Black, White, etc. Specify: **Black** 

15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do NOT use retired.) N/A

16b. KIND OF BUSINESS/INDUSTRY

N/A

17. FATHER'S NAME (First, Middle, Last)

3 Widowed 4 Divorced

18. MOTHER'S NAME (First, Middle, Meiden Surname)

Hudson

Dagineaux 19a. INFORMANT'S NAME (Type/Print)

Vivian

Thomas

Vivian 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)

7830 Levy Ct.Apt.-601 .Pasadena MD 20b. PLACE DF DISPDSITION (Name of cemetery, cremetory or

20c. LOCATION — City or Town, State

20s. METHOD OF DISPOSITION
1A Buriel 2 Cramation 3 Removal from State
4 Donation 5 Other (Specify)

Hudson

Glen Haven Memorial Park 22. NAME AND ADDRESS OF FACILITY

Glen Burnie, Maryland 421 Crain Hwy. S.E.

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Glen Burnie, MD21061 Kirkley Funeral Home 23. PART I. Enter the disesses, Dr compilications that caused the deeth. Do not enter the mode of dying, euch as cardiac or respiratory strest,

**Approximate** Onset and Death

2 hr 15 min

ehock, or heert feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease Dr condition resulting in death)

DUE TO (DR AS A CONSEDUENCE OF):

Previable 23 week gestation 575 gram infant

Pulmonary Immaturity DUE TO (OR AS A CONSEDUENCE OF):

DUE TO (DR AS A CONSEDUENCE OF):

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente reaulting in death) LAST

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. Maternal chorioamnionitis

24s. WAS AN AUTOPSY 1 YES 2X NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 [ YES 2X] ND

25. WAS CASE REFERRED TO MEDICAL

1 TYES 2 X NO

27. MANNER OF DEATH

1 🔀 Natural

2 Accident 3 Sulcide

HOSPITAL: 1 Minpatient 2 ER/Outpatient 3 DOA

26. PLACE OF DEATH (Check only one) OTHER: me 5 - Residence 6 - Other (Specify) 4 - Nursi

26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

8 Pending 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be 4 Homicide determined

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 😿 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner es stated. (Check only one)

n, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner es stated. Cadros 296. SIGNATURE AND TITLE OF DESTITION 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year)

Memole. PLETEO CAUSE OF OEATH (ITEM 27) (Type

D-19284 4-25-90

Jacob K. Felix, M.D., 31. DATE FILED (Month, Day, Year)

MAY 9

Sinai Hospital, 2401 W. Belvedere Ave., Baltimore, Md. 21215 32. REGISTRAR'S SIGNATURE

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 use Q 2 76 notified page 5 Раде 6 тау be be director, I must examiner funeral death. by the fi after In by filled completely executed within BOX 13146, burial, and signed by the attending physician a Health and Mental Hyglene prior to 2 o 0 that the death DIVISION OF VITAL RECORDS, L. of P. has by Dept. ME OR ATTENDING PHYSICIAN: The certificate to the State this with After th DIRECTOR: A 28 item

medical the event, t Iraumatic other 10 any 23 Hem 10 marked, 65

HOSPITAL FUNERAL within 72 | 五五章 2 23

DHMH-18 Rev 1/89

All All

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	vin 2ours after death. Page 6 may be retained by the hospital or attending	tely filled in by the funeral director, page 5 should be detached for use as the mation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		REGISTRAR				CENTIF	ICAL	COF	DEATH		HE	J. NO.			
1	į	1. DECEOENT'S NAME (First	, Middle, Last)	_						1	DATE OF DE	ATH DAY	,	YEAR	3. TIME OF GEATH
_		JAMES W.			•		1		1	_	MAY	6		990	1007 P M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	. last birthday) YRS.	IF UNDER	DAYS	HOURS M	HRS. 7	Month, Day,			8. BIRTHP Country)	PLACE (State or Foreign
		215-18-9399 1 M 2 G F				THS.	9h CITY	( TOWN O	OR LOCATION (		10-06-23 Pasadena				
	Œ			,	. 1										
1, 2,	ECTOR	North Aru	CEDENT		<u>a. L </u>				urnie				Anne		undel
r. Fages	DIRE	MD	Anne	Arunde	el		Y, TOWN								10d. INSIDE CITY LIMITS? 1 YES X NO
Diec. III	AL.	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										HAT COUNTRY?			
ansıt	FUNERAL	1569 Severn Chapel Road 21113 USA													
d in by the tunetal offector, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, medical examiner must be notified at once.	BY FUI	11. MARITAL STATUS  1 Never Merried XX  3 Widowed 4 Dive	-	12. WAS DECEDEN FORCES?		NO		If yes, spe	ENDENT OF Healty Cuben, M	dexican,	ORIGIN? (Spe Puerto Ricen, o	cify Yee	or No—		- American Indian, White, etc. White
as as	ED		EDENT'S EDU		16a	DECEDENT'S	USUAL C	CCUPATIO	ON		18b, KIND	OF BUS	INESS/IND	USTRY	
Su us	E	(Specify on Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working						
Shed 1	COMPL	12			Ac	coun	tino	cl	erk		AA	Co.			
once.	8	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER	R'S NAME	E (First, Middle,	Maiden S	Sumame)		
at be	BE	John Hork							Ada		uvall				
age 5 snould be notified	0	19e. INFORMANT'S NAME (				F100 P1-00					ute Number, City				
be n		Evelyn Ma		lorky	20b Bl /						Road	, C	rowr	SVI	lle. MD
r must		20c. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  Removal from State  20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place)  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  Clen Haven Cemetery  Glen Burnie, MD													
e runeral di al. examiner		22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A. 851 Annapolis Road, Gambrills, MD													
or remove		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.													
D. Of T		IMMEDIATE CAUSE (Fine)													
ompletery min il, cremation, event, the		disease or condition													
d, cre		OUE TO (OR AS A CONSEQUENCE OF):													
signed by the attending physician and competerly med Health and Mental Hygiene prior to burial, cremation, or ws any Injury, or other traumatic event, the m	ON	Sequentially list conditions,  Due To (in as a consequence of):													
Hygiene prior to buris  or other traumatic	CATION	if any, leading to imme cause. Enter UNDERLY			(4		3.02 5.7					1			
ene p	FIC	CAUSE (Disease or injuted that initiated events	ury	OUE TO	OR AS A CO	NSEQUENCE C	NF):								
Hygi Or o	ERTIFI	resulting in death) LAS	ST	d											
Menta Jury,	O	PART II. Other algolific	ent condition	na contributing to	death but n	ot reaulting	In the u	nderivin	a ceuse aive	en in P	art i. 24s.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
th and Menta any Injury,	EDICAL	Λ.	LHD									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
Health WS a		9.	h	dia	1210	nie	\				_   ''	YES 2	[3 40		OF DEATH?  1 YES 2 NO
t. of	Σ.		Me	1000		- 000					-				
State Dept. of Item 23 sho	SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF OEAT	TH (Chec	k only one)				
tificat e Stai	SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatier	nt 3 🗆 DOA	4 Nu		ne 5 🗆 Reeld	fence 6	☐ Other (Spec	cify)			
er this cer th with th narked, c	ву Рну	27. MANNER OF OEATH  1 Natural 5  2 Accident	Pending investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	JURY AT ORK? YES 2 N		28d. OEŞCRIBE	E HOW IF	NJURY OC	CURED	
after dea	TED	a D suiside	Could not be determined	28e. PLACE building	OF INJURY A I, etc. (Specify)	Al home, farm,	street, fac	ctory, offic	e e	1	281. LOCATION City or Tow	(Street e n, State)	nd Number	or Rural A	oute Number,
TO THE FINERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 sho	COMPLE	one)		ICIAN: To the best of											) and manner as stated.
THE FUI	BE	29b. SIGNATURE AND TITL	E OF CERTIFIE	L K	ur	^			29c. LICENS	SE NUMB	JER 1	-	29d. DAT	E SIGNED	(Month, Day, Year)
≓ ă <b>≤</b>	2	30. NAME AND ADDRESS O	F PERSON WH				-111	4.400		1					1 1 1 0
		31. DATE FILED (Month, Day	Manal		ADIC CLOSUATION	DE	ng	<u> 1438</u>	Defer	ise_	Highwa	v G	ambr	IIIS	MD 21054
		MAY 8 19	JU gui	w wardson	Markon										

aadii ne

the state of the same of the

death. Page 6 may be retained by the hosp	e funeral director, page 5 should be detached.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	eanor	D. Н	eddinge	er	2. DATE OF DEATH MONTH D	NY YE	AR	ME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1		CE (State or Foreign
213-14-8532	1 □ M 2 💢 F 7	1 YRS.	ONTHS DAYS	HOURS MIN.	3-27-1919	Ma	ryla	ınd
9a. FACILITY NAME (If not institution, give s 1486 Orleans Cou		9	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY		
RESIDENCE OF DECEDENT	<u> </u>			Croft	ton	Anne	Arun	del Co.
10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	TION			10d	INSIDE CITY
Maryland Anne	e Arundel		Pasa	dena			1 🗆	YES 2 X NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
322 Somerset Dri				21122			J.S.A	
11. MARITAL STATUS  1 Never Married 2 XXMarried	12. WAS DECEDENT EVER FORCES? 1 YES	S 2XXNO			IIC ORIGIN? (Specify Yer n, Puerto Rican, atc.)	or No— 14.	RACE - A	American Indian, ita, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2XXNO Specify	:	C	Specify: EUCas	sian
15. DECEDENT'S EDU		18a. DECEDENT'S US	BUAL OCCUPATION	ON	18b. KIND OF BU			- Lan
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	rk done during mo retired.)	est of working				
12+		Homen	naker			home		
17. FATHER'S NAME (First, Middle, Lest)	***			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
Thomas	Dug	an		Ma	ay Duffy			
19a, INFORMANT'S NAME (Type/Print)		and the second second			Route Number, City or Tow			01100
	EDDINGE		omerset		Pasadena,			21122
20a. METHOD OF DISPOSITION 1 → Burial 2 □ Cremation 3 □ Rem	loval from Stata	Ob. PLACE OF DISPOSIT other place)				CATION — City		
4 1 Donation 5 Other (Specify)	otivine (	Marylar		rans cer		rownsv	iire	, MD
Fames C	5- / Da	Slones	Barr	anco & So	ons F.H. 4 , Maryland			Highway
index, or haert fellure.  IMMEDIATE CAUSE (Finel diseases or condition recuking in death)	s. Multiple OUE TO (OR AS		cutting	wounds				interval Between Onsat and Daati
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in daeth) LAST	c	A CONSEQUENCE OF):						b
PART II. Other significant condition	dne contributing to death	but not resulting in	the underlyin	g ceuee given in	Part I. 24s. WAS AN			RE AUTOPSY FINDINGS
					XXX YES	2 🗌 NO	DF	MPLETION OF CAUSE DEATH? XYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)		<u></u>	
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/O		OTHER:	ne 8 🗆 Rasidence	6XD Other (Specify)	Apart	ment	
27. MANNER OF DEATH	28a, DATE OF INJUR	Y 28b, TIME	OF 28c, IN	JURY AT	28d. DESCRIBE HOW			
1 Natural 5 Pending Investigation	5 <del>-</del> 3-90	12:00		YES TOTAL	Subject s	tabbed	& C	ut
2 Accident investigation 3 Suicide Sui								
							Anne Arun	
CONSULT OTHY	BICIAN: To the best of my kn				County, "Ma	ryland		-
29L SKINATURE ARBITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. OATE S	IGNEO (Ma	onth, Day, Year)
V B				OCM			4-90	·//
James Kaplan,MD	HO COMPLETED CAUSE OF				,Baltimore			170
	Tiche 32 DEGISTANCE		LTT LEII	i street	, Dat CHIMTE	, PID ZI.	ZUL	VC
31. DAWAY (Mgnth, Des 1990 8	Court Proposition -							

07.00

The transfer of the transfer

MAY & 1992 Goldsfundschools

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 -

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death, Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

								91	1435
FOR STATE REGISTRAR	STATE OF MA				EALTH AND I	MENTAL HYGIEN REG. NO			1400
1. DECEDENT'S NAME (First, Middle Last)	ETTY	L.HA				2. OATE OF OEATH MONTH DO	r	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-26-25 29	5. SEX 1 M 2 F	8. AGE (In yrs. last birti	res. IF U	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 21,1	916	Country	PLACE (State or Foreign orado
99. FACILITY NAME (If not institution, give  Anne Arundel )  RESIDENCE OF DECEDENT		Center	9b. 0		apolis	EATH	1000	nne /	Arundel
10a. STATE 10b. COUNT	nne Aruno		c. CITY, TOV	VN OR LOCAT		nnapolis			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER	A	4 - D1-4		101	. ZIP COOE		"		HAT COUNTRY?
1920 Baltimore - Annapolis Blvd.  11. MARITAL STATUS  1  Never Merried 2  Merried 3  Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No-Block, Was pecify Cuben, Maxican, Puerto Rican, etc.)  14. RACE - Ar Block, Wildows 1  Yes, Specify: White									
15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Broker  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Insurance									
17. FATHER'S NAME (First, Middle, Lest)		Burt			Monta	Lee Bot1	tom		
J. Thomas Hal	1	19b. M/				Aoute Number, City or Tow Street,			22205 n, VA
20s. METHOD OF DISPOSITION 1	novat from Stata	other place)			netery, crematory or	1.07		dria	
21/ SIGNATURE OF FUNERAL SERVICE LIGENSHIE 22. NAME AND ADDRESS OF FACILITY							21401		
a. PART I. Enter the diseases, Dr shock, Dr heert fellure	complications that List only one caus	caused the daeth. se on each lina.	Do not e						Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Due to (	VER OR AS A CONSEQUE	PACE OF:	FILL	RE		$\bigcirc$		Onset and Death
Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	OR AS A CONSEQUE		ti	, 10	unt	Co	va	

Se if a car CA the ree

PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 | YES 2 | NO

25.	WAS	CASE	REFERRED	TO	MEDICAL
	EXA	MINEF	17		
	1 🗌	YES	2 NO		
_					

3 Suicide

29a. CERTIFIER (Check only one)

4 Homicide

27. MANNER OF DEATH 1 Natural
2 Accident

6 Could not be determined

Inpatient 2 ER/Outpatient	3 🗆	DOA
28a. DATE OF INJURY	T	28b. T

OTHER:
4 \( \text{Nursing Home} \) 5 \( \text{Residence} \) 6 \( \text{Other} \) (Specify)

28c. INJURY AT WORK?

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

URB AND TITLE OF CERTIFIER	en A.	$\sim$

26. PLACE OF DEATH (Check only one)

8

OHMH-16 Rev 1/89

6294

6 = 3011

1 1 0040 11

---

.

× ×

## TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 flowers filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE O	FDEATH	REG. N	Ю.					
1	1. DECEDENT'S NAME (First, Middle, Last)	162A32		·	2. DATE OF DEATH		3. 7	IME OF DEATH			
	Janice Lillian Hollmann 05-04-90										
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	90	a DISTURE A	CE (State or Foreign			
			MONTHS DAYS		(Month, Day, Year)		Country)				
	219-48-1267 / 1 M 2 X F 4	4 YRS.			03-20-4	6	<i>l</i> ashir	ngton,DC			
- 1	9a. FACTLITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUN	NTY OF DEATH				
FUNERAL DIRECTOR	Anne Arundel Medical Cer	nter	Annap	olis		Anne	Arun	ndel			
M I	10a. STATE 10b. COUNTY		Y, TOWN OR LOC				10d	. INSIDE CITY LIMITS?			
<b>%</b> I	MD Anne Arundel	Anr	napoli	5			T T	YES 2 NO			
71	10e. STREET AND NUMBER		1	IOF, ZIP CODE		10g, CITIZ	ZEN OF WHAT				
MA	304 Severn Road		1	21401							
빌ㅣ							ISA				
교	1 Never Married 2 1 Married FORCES? 1 YE	8 2 NO		ECENDENT OF HISPAI specify Cuban, Maxica		Yea or No-	14. RACE — A Black, Wh	American Indian, ilta, atc.			
B	3 Wildowed 4 Divorced	DATES	1 🗆 YI	ES X X NO Specif	y:		Specify:	White			
		T	1		Terror and			VIIILLE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S (Give kind of	USUAL OCCUPA work done during i se retired.)	TION most of working	16b. KIND OF	BUSINESS/IND	USTRY	1			
<b>W</b>	Elementary/Secondary (0-12) College (1-4 or 5+)										
를	12 5+	Attorn	ley		Lega	1 S y	stem				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maid	len Surname)					
BE	Charles Melvin Roy			Lillia	n Bell						
	t9a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or	Town, State, Zip	Code)				
임	Douglas C. Hollmann	304	Severi	n Road,	Annapol	is. M	D 21	401			
		0b. PLACE OF DISPOS					City or Town,				
	1X Buriel 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify)	other place)	kemon	t Cemete	ry	avide	onvil	le, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22 NAME	AND ADDRESS OF EA	CILITY			107 110			
	5261) Stu-		Hard	desty Fu Ridgely	neral H			, MD			
	22 DADT I Enter the diseases or complications that date	and the death Da	12 1	Ridgery	Avenue,	Allila	POILS				
	23. PART I. Enter the diseases, or complications that crus shock, or heart fellure. List only one cause on	each line.	not enter tha r	node or dying, suc	in aa cardiac or re	apiretory srr	eat,	Approximata interval Between			
	disease or condition metastatic Breast Cancer 3 year										
	DUE TO (OR AS	A CONSEQUENCE O	F):								
z	Several letter that any distance of b.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE O	F):								
3	CAUSE, Enter UNDERLYING CAUSE (Disease or injury										
正	that initiated events DUE TO (OR AS	A CONSEQUENCE O	F):								
E	reaulting in death) LAST						ļ				
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death	but not resulting	in tha undarly	ing cause given in		AN AUTOPSY FORMED?	AVA	RE AUTOPSY FINDINGS INLABLE PRIOR TO			
8					1 🗆 YES	2 NO		MPLETION OF CAUSE DEATH?			
ij								YES 2 NO			
-					_						
₹ I	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C/	neck only one)						
5	EXAMINER?  1 U YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	stration 3 DOA	OTHER:	and a Cartesian	a - Other (Pro-14)						
ž	27. MANNER OF DEATH 28a. DATE OF INJUR			ome 5 Residence	28d. DESCRIBE HO	M INTITIBA OC	CURED				
	t Natural 5 Pending (Month, Day, Year		JURY	WORK? YES 2 NO	200. DESCRIBE NO	W MOONT CO	JOHLD				
Β¥	2 Accident Investigation						0 -d D- d	- Marchae			
0	3 Suicide 6 Could not be building, etc. (S)	RY — At home, farm, pecify)	street, factory, or	TICA	26t. LOCATION (Str. City or Town, St		or Hurai House	Number,			
E	4 Nomicios Ostaniared				L						
COMPLETED	298. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occur	red at the time, d	ata and placa, and du	a to the ceuse(a) and	manner aa stat	ted.				
Σ	one) 2 MEDICAL EXAMINER: On the basis of axemine							d manner as stated.			
B	296. SIGNATURE AND TITLE OF CERTIFIER	1 111	\	29c. LICENSE NU	mden /	29d. DAT	E SIGNED (MO	ritin, Day, Year)			
0	Consei a Colle	1 ///	)	10163	74		3/3/	70			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)		-	1.1.1	10 1	10 2/11/21			
	THE END COLE III	79170	KAN	KLIN	31 /	TNNI	47 /	ND 21401			
	MAY 8 1990 Aulia Navidana Rom	delle									

CRE'L CE

But Sand San

•			
(	(	*	
BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1 commend in the State Dept. of Health and Mental Hyglene prior to builal, cremation, or removal.	medical examiner must be notified at once.
F VITAL RECORDS, P.O. BOX 13146,	SICIAN: The law requires that the death certificate be executed within 24	certificate has been signed by the attending physician and completely fill the State Dept, of Health and Mental Hyglene prior to burial, cremation	or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

1							S	0 14359		
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Lest)	Louise Hut	chins	\$		2. DATE OF DEATH		S. TIME OF DEATH		
BE COMPLETED BY FUNERAL DIRECTOR	ונטויישרי לוכ	1 □ M 2 X F 56				7. OATE OF BIRTH (Month, Day, Year) Dec. 29,1933  8. BIRTHPLACE (State or Foreign Country) Washington, D.				
	9a. FACILITY NAME (If not institution, give street and number)  Rt. 1 Box 37  RESIDENCE OF DECEMENT			Indian	LOCATION OF DI	EATH		9c. COUNTY OF DEATH Charles		
	10e. STATE 10b. COUNTY 10c. CITY, 1			TOWN OR LOCATION  ian Head				10d. INSIDE CITY LIMITS? 12 YES 2 NO		
	Rt. 1 Box 37			10f. ZIP CODE 20640				10g. CITIZEN OF WHAT COUNTRY?		
	11. MARITAL STATUS  1  Never Married 2 Married  3  Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:						
							TRY			
					18. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)			
	William C. Cumberland  Viola Wright  198. INFORMANT'S NAME (Non-Print)  198. INFORMANT'S NAME (Non-Print)  198. MAILING AGORESS (Street and Number or Burnl Finde Number City or Town State Zin Code)						d=1			
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)  Albert Hutchins. Jr.  Rt. 1 Bo 37 Indian Head, Md. 20640									
musi vo	20a. METHOD OF DISPOSITION  Character S and the place of Disposition (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State  20c. LO									
gyammer	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Williams Funeral Home, Inc. Rt. 225 & Glymont Rd. Indian Head. Md.									
THE HEAD	23. PART I. Enter the deesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raepiratory arrest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Fine)						Approximats Intervel Between Onset end Deeth			
CVEIL	DUE TO (OR AS A CONSEQUENCE OF):									
RTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING									
미교	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  d									
BY PHYSICIAN: MEDICAL	PERFORMED?  1 YES 2 NO  PERFORMED?  AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check gold cont.)									
	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1/2 YES 2   NO   NO   NO   NO    1   Inpatient 2   ER/Outpetient 3   DOA    4   Nursing Home 5   Residence 8   Other (Specify)									
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. Time OF 28c. INJURY AT WORK?  M 1 YES 2 NO					NED				
	3 Suicide 6 Could not be determined  28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	(Check only 1 Certiff Tind Pritsician: to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
O BE CO	200 SIGNATURE AND TITLE OF CERTIFIER  Chas (0 Dept 1/4- 57346 200 DATE SIGNED (MORITH, Day, Year)  S G G D									
1 -	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (None Print	1						

Julia Bairdson Rendelle 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MAY 1 0 '90

derind aloli landenia landenia a redilla

(	1	)
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 23 accounts after the state Death with the State Death, or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH					
	PEARL HOCH	L							AR	1600 M	
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8, 8	HRTHPLA	CE (State or Foreign	
	070-30-8295		37 YRS.	DAYS DAYS	HOURS MIN.	8/16	8/16/1902		New York, NY		
œ						AIH		MONT			
DIRECTOR	SHADY GLOVE !	HOSPITAL		Roc	kville_			7701	0011	CLY	
EC	10a. STATE 10b. COUNTY	,	10c. CITY, 1	OWH OR LOCAT	ION			10d. INSIDE CITY			
#	Maryland Mon	ryland Montgomery Roo						LIMITS?			
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
E I	6111 Montrose Road			0.00	20852				U.S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS DEC	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify				res or No. 14. RACE — American Indien,		
	1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					Plican, etc.)  Black, White, at Specify:			hite, atc.		
BY	3 🖾 Widowed 4 🗌 Divorced		1 YES 2 NO Specify:				White				
COMPLETED	15. DECEDENT'S EDUC	SUAL OCCUPATION 16b.			. KIND OF BUSINESS/INDUSTRY						
4	Elementary/Secondary (0-12)	His Do NOT use			at or morning						
E						Art	t				
Š	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First			ME (First, Mi	iddle, Malden S	Surname)				
BE	Julius Mangol	d			Pauli	ine	Kobr	inetz			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural F	Route Numbe	er, City or Town	, State, Zip Coc	le)		
F	Fred Nathanson (	son-in-law)	11400	Dorches	ter Lane	, Roc	ckvill	e, MD	208	352	
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 ☒ Cremation 3 □ Remo	20 State	0b. PLACE OF DISPOSITI	ION (Name of cen	netery, cremetory or		20c. LOC	CATION — City	or Town,	State	
	4 Donation 5 Other (Specify)	oval from State	Suburban	Cremato	ry		Sil	ver Sp	ring	g, MD	
	21 DIGHATURE OF PUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA	CILITY	2 MEMO	DIAI C	ULADE	ELC INC	
$\overline{}$	W	11/	e	1				MEMORIAL CHAPELS, INC., Rockville, MD 20852			
	22 PART I Enter the diseases or o	complications that cause	ad the death. Do not							D 20852 Approximate	
	shock, or heert fellure.	shock, or heert feliure. List only one cause on each line.							Interval Between		
	iMMEDIATE CAUSE (Finel disease or condition	IMMEDIATE CAUSE (Fine)							Oliset and Death		
	disease or condition resulting in death)  S. PULMONARY HYPERTENSION  DUE TO (OR AS A CONSEQUENCE OF):										
_ 1	DUE TO (OR AS A CONSEQUENCE OF):  SCLERO DERMA										
CERTIFICATION	Sequentions is conditions, Due to los as a consequence of:										
¥	if any, leeding to immediate cause. Enter UNDERLYING										
ᇤ	CAUSE (Disesse or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
E	resulting in deeth) LAST										
8											
A		PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.				Part I.	PERFORMED?		AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
8	PERIPHERAL VA	PERIPHERAL VASCULAR DISEASE								MPLETION DF CAUSE DEATH?	
¥						1 🗌 YES 2 🗍		YES 2 NO			
ä											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:										
SIC	1 TES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Residence	6 🗆 Other	(Specify)				
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW INJURY OCCURED					
ВУ	tanna attanata	1 // Natural 5 Pending			M 1 YES 2 NO et, factory, office 28f. LOC						
	3 Suicide 6 Could not be							OCATION (Street end Number or Rural Route Number, City or Town, State)			
E	4 Homicide determined	4 Homicide determined									
COMPLETED	29e. CERTIFIER 1 Check only Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.										
M	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner ee stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Dey, Year)			onth. Dev. Year)	
BE	5 7	u /			D38512			DO5/09/90			
5	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type F	Print)	, , , , ,	,				//-	
		20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  EVAN L. SIEGEL, MD. 10313 GEORGIA AVENUE, SILVER SPRING MALYLAND  31. DATE FILED (Month, Day, Your).  32. REDISTRAP'S SIGNATURE									
	31. DATE FILED (Month, Day, Year)	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							-101112		
		MAY 11 90 Julia Savidron Bando De									

DIVISION OF VITAL RECORDS, T.O. BOX 13148, BALLIMONE, MANTEAND 21203-3148
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, $\frac{2}{3}$ 3 sho
th with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	AND / DEPARTA CERTIFIC	MENT OF HEATE OF	EALTH AND N	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	
-14	Rita Catherin	e Hear	14			S //	90	4.45 DM H	
I		5. SEX 6. AGE (In yrs. lest birthday)   IF UNDER 1 YEAR   IF UNDER				7. DATE OF BIRTH (Month, Day, Year),	6, BIRTI	HPLACE (State or Foreign	
/	579-26-1657 10	□M2KF	NIHS DAYS	HOURS MIN.	10/15/2	. /	INGTON. D.C.		
	90. FACILITY NAME (If not institution, give street a	and number)	91	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF E	DEATH	
DIRECTOR	HOLY Cross H	OSPI TOI		SILVEL	-5PM	74	Mon	Taomery	
3	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCAT	ion			10d. INSIDE CITY	
Ē	Maryland Man	taomer	. /	beato				LIMITS?	
	10e. STREET AND NUMBER	· g conce	9 100 11		ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
1	11526 Colt	Ter			2090	2	U5 A	2	
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify Yee	or No- 14. RAC	E — American Indian,	
		FORCES? 1 YES	ZX_NO	1 TES		n, Puerto Rican, etc.)		Specify:	
1 12	3 Widowed 4 Divorced				**		WHI	TE	
<u> </u>	16. DECEDENT'S EDUCATIO (Specify only highest grade comp		(Give kind of work life, Do NOT use n	k done during mos		16b. KIND OF BUS	INESS/INDUSTRY		
ן נ	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)				GM 4			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		CLAIMS AD	JUSTER	18 MOTHER'S NA	STATE FA		RANCE	
	THOMAS J. SHEA, JR.					M. STEELE	Antiente)		
E L	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AF	DDRESS (Street &		Poute Number, City or Town	, State, Zip Code)		
2	KEVIN S. HEALY	(SON)	11526 0	יחי יידווי	DDACE LII	HEATON MARY	ZT A NID	20902	
	20a. METHOD OF DISPOSITION	200	PLACE OF DISPOSITI				ATION — City or T		
	1 N Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	The state of the s	other place)	CEMETI	ERY	ALES	ZANDRTA	VIRGINIA	
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	5		22. NAME AN	ID ADDRESS OF FA	CILITY			
	> EDMON () (	Mines				LLINS FUNE			
	23. PART I. Enter the diseases, or comp	plications that caused	tha death. Do not			h as cardiac or respi		Approximate	
	shock, or heart failure. List	only one cause on a	ach line.					Intarval Between Onset and Deeth	
	IMMEDIATE CAUSE (Finel disease or condition	R ~	<u>-</u> i -	/				0	
	recuiting in death) a	DUE TO OR AS A	CONSEQUENCE OF):	· Cure				1 gost.	
z		Sonain						dues .	
2	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A	CONSEQUENCE OF):						
5	cause. Enter UNDERLYING CAUSE (Disease or injury							can.	
CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
=									
CERIL	resulting in death) LAST								
_	PART II. Other algorificant conditions co				Committee of the contract of	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
AL	PART II. Other algorificant conditions co	ontributing to death b	and the second	the underlying	Committee of the contract of	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?		
AL	PART II. Other algorificant conditions co				Committee of the contract of	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
N: MEDICAL CERTIFICATION	PART II. Other algorificant conditions co				•	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other algnificant conditions of the start of the	in Bet	Sapting /	ulmour 26. PM	•	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significant conditions co	OSPITAL:	Sagetie whee	26. PL  THER:  Nursing Hom	ACE OF DEATH (Ch	PERFOR  1 YES 2  eck only one)  6 Other (Specify)	MED? 住No	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significant conditions of the con	ospital:	Septie /	26. Pt  26. Pt  THER:  We hursing Hom  WC  28c. INJ  WC	LACE OF DEATH (Ch	PERFOR  1 YES 2	MED? 住No	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	PART II. Other significant conditions co	OSPITAL: Vinpatient 2 = ENOuty (Month, Day, Year)	Septic patient 3 DOA 4	26. PI  THER:  Nursing Horn  OF 28c. INI W  M 1	ACE OF DEATH (Ch	PERFOR  1 YES 2  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions co	OSPITAL: Vinpatient 2 = ER/Outs 2 = ER/Outs 2 = ER/Outs	Saprice  Datient 3 DOA 4  28b. TIME ( INJUE)	26. PI  THER:  Nursing Horn  OF 28c. INI W  M 1	ACE OF DEATH (Ch	PERFOR  1 YES 2  eck only one)  6 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	OSPITAL:    Inpatient 2   ER/Outs     Inpatient 2   ER/Outs     280. DATE OF INJURY (Month, Day, Year)     280. PLACE OF INJURY building, etc. (Special Control of the Cont	Septice  Determ 3 DOA 4  28b. TIME 6  INJUR  T — At home, term, stroilly)	26. Pt.  DTHER:  Nursing Hom  OF  M  1   1   set, factory, office	ACE OF DEATH (Ch.  TO BE 5   Residence PURPY AT  PURPY A	PERFOR  1 YES 2  Cock only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)	MED?  NO  NJURY OCCURED  and Number or Rural	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	OSPITAL: OSPITAL: Vinpatient 2 = EN/Outs 28- DATE OF INJURY (Month, Day, Year) 28- PLACE OF INJURY building, etc. (Spec	Destinate 3 DOA 4  28b. TIME (INJURY)  7—At home, ferm, strengthy)	26. PI  THER: Nursing Hom OF Nursing Hom OF Nursing Hom Of OF Nursing Hom Of OF OF OF OF OF OF OF OF OF OF OF OF OF	ACE OF DEATH (Ch.  No. 5   Residence  PURPY AT  PIRK?  YES 2   NO.  No. 10   No. 10   No. 10    No. 10   No.	PERFOR  1 YES 2  Cock only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street a City or Town, State)	MED?  NO  NJURY OCCURED  and Number or Rural  mer as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	OSPITAL: OSPITAL: Vinpatient 2 = EN/Outs 28- DATE OF INJURY (Month, Day, Year) 28- PLACE OF INJURY building, etc. (Spec	Destinate 3 DOA 4  28b. TIME (INJURY)  7—At home, ferm, strengthy)	26. PI  THER: Nursing Hom OF Nursing Hom OF Nursing Hom Of OF Nursing Hom Of OF OF OF OF OF OF OF OF OF OF OF OF OF	ACE OF DEATH (Ch.  Be 5   Residence IURY AT  PKES 2   NO  Be and place, and due leath occured at the	PERFOR  1 YES 2  1 YES 2  6 Other (Specify)  26d. DESCRIBE HOW II  26f. LOCATION (Street a City or Town, State)  1 to the cause(e) and man	MED?  NO  NUMY OCCURED  and Number or Rural  mer as stated.  d due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions of the con	OSPITAL: Vinpatient 2 = ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	Destinate 3 DOA 4  28b. TIME (INJURY)  7—At home, ferm, strengthy)	26. PI  THER: Nursing Hom OF Nursing Hom OF Nursing Hom Of OF Nursing Hom Of OF OF OF OF OF OF OF OF OF OF OF OF OF	ACE OF DEATH (Ch. 19 19 19 19 19 19 19 19 19 19 19 19 19	PERFOR  1 YES 2  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(e) end man time, date and place, an	NJURY OCCURED  and Number or Rural  aner as stated.  d due to the cause  29d. DATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 ANO  (e) and manner se stated.  (b) (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	OSPITAL:  Vinpatient 2 = ER/Outs  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	Destinate 3 DOA 4  28b. TIME (INJUE)  7 — At home, farm, streetly and and/or investigation,	26. Pt  OTHER:  Nursing Hom  OF  W  M  1   1   at the time, date  in my opinion, d	ACE OF DEATH (Ch.  Be 5   Residence IURY AT  PKES 2   NO  Be and place, and due leath occured at the	PERFOR  1 YES 2  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(e) end man time, date and place, an	NJURY OCCURED  and Number or Rural  aner as stated.  d due to the cause  29d. DATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the con	OSPITAL: Vinpatient 2 = EN/Outs 280. DATE OF INJURY (Morth, Dey, Year) 280. PLACE OF INJURY building, etc. (Special Section of the best of my known the basis of examination of the basis of examinati	Septice  Septice  Desired 3 DOA 4  29b. TIME  29b. TIME  (Injury)  The At home, term, structly  fiedge, death occurred in and/or investigation,	26. Pt.  THER: Nursing Hom OF NY M 1	ACE OF DEATH (Ch. 19 19 19 19 19 19 19 19 19 19 19 19 19	PERFOR  1 YES 2  1 YES 2  1 YES 2  2 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  1 to the cause(e) end man time, date end place, en	NJURY OCCURED  Ind Number or Rural  Iner as stated. d due to the cause  29d. DATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 ANO  (e) and manner se stated.  (b) (Month, Day, Year)	
AL	PART II. Other algnificant conditions of the con	OSPITAL: Vinpatient 2 = EN/Outs 280. DATE OF INJURY (Morth, Dey, Year) 280. PLACE OF INJURY building, etc. (Special Section of the best of my known the basis of examination of the basis of examinati	Destinated an and/or investigation,	26. Pt.  THER: Nursing Hom OF NY M 1	ACE OF DEATH (Ch. 19 19 19 19 19 19 19 19 19 19 19 19 19	PERFOR  1 YES 2  1 YES 2  1 YES 2  2 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  1 to the cause(e) end man time, date end place, en	NJURY OCCURED  and Number or Rural  aner as stated.  d due to the cause  29d. DATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 ANO  (e) and manner se stated.  (b) (Month, Day, Year)	

10011 60

30.00

1	-	STATE REGISTR	Al
П	• 0	ECEDENT'S	м

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

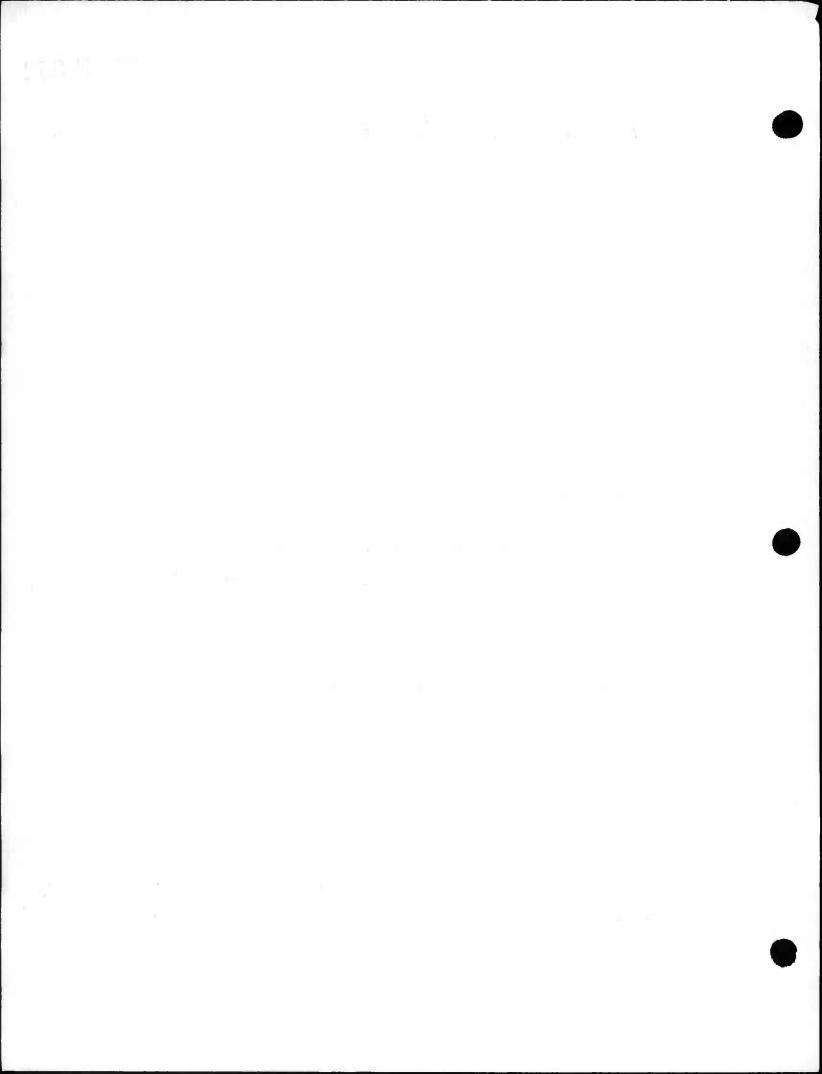
1 - STATE REGISTRAR	CE	ERTIFICA	ATE OF	DEATH	REG.	NO.			
1. DECEDENT'S NAME (First, Middle, Last)  A L M A Elizab	eth	451	Lm.		2. DATE OF DEAT	H DAY	YEAR 90	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 🖾 F	8. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes June 24	ar)	Count	HPLACE (State or Foreign ny) Orgia	
9a. FACILITY NAME (If not institution, give street and number)  Suburban Hospital  RESIDENCE OF DECEDENT	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH Suburban Hospital Bethesda							mery	
10a. STATE 10b. COUNTY				TION		10d. INSIDE CITY LIMITS?			
Maryland Montgomery  100. STREET AND NUMBER		Che	vy Cha	S E	: · · · · · · ·	10g, Cl	TIZEN OF	1 X YES 2 NO	
5506 Park Street				20815		Un	ited	States	
1 Names Marriad 2 N Marriad FORCES?	NT EVER IN U.S. AR 1 YES 2 XN WAR OR DATES		If yes, sp		NC ORIGIN? (Specifi in, Puerto Rican, etc y:		14. RAC Blac Spec	E — American Indian, k, Whita, etc. sify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or :	(Gi	CEDENT'S USU	done during mo tired.)		1000	BUSINESS/IN			
12 17. FATHER'S NAME (First, Middle, Last)		Homema	rer	18. MOTHER'S NA	ME (First, Middle, Ma	WN HOR			
Porter Patrick				Gladys	William	s			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City o			3 20015	
Alton H. Helm  20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removel from State	20b. PLACE other pla	OF DISPOSITIO	ON (Name of ce	metery, cremetory or		c. LOCATION -	- City or To	own, Stete	
4 Donation 5 Other (Specify)	_   Ceda _ M003	r Hill	22. NAME A	ND ADDRESS OF FA	CILITY			aryland	
> Barbara go McMuller		CC .	Rober Bethe	t A. Pum sda-Chev	phrey Fu y Chase, sda. Mar	neral Inc.	Home 755 208	/ 7 Wisconsir 14-3501	
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditions contributing the AL 2 has the				_	PE	AS AN AUTOPS REFORMED? ES 2 X NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMMER? HOSPITAL:				LACE OF DEATH (C)	heck only one)				
YES 2 ☐ NO 1 ☐ InpetIent 2  27. MANNER OF DEATH 28s. OATE 0	X ER/Outpetient 3 DF INJURY Day, Year)	28b. TIME O	F 28c. IN	JURY AT ORK?	8 Other (Specify 28d. DESCRIBE H		CCUREO		
2   ccident   restigation						Route Number,			
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of								(s) and manner as stated.	
3   Suicide   S   Could not be   buildin   4   Homicide   detarmined   29e. CERTIFIER   CERTIFYING PHYSICIAN: To the best of   (Check only one)   2   MEDICAL EXAMINER: On the bests of   29b. SIGNATURE AND TITLE OF CERTIFIER	-	7		29c. LICENSE NU		29d. D.	ATE SIGNE	D (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	ber	82	2181	いいち	02210	1-50.1	LCE	ou ho	
31. DATE FILED (Month, Day, Year) MAY 1 4 '90 32. REGIST	Man Saydson	~ Rande	02						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burne-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146



3. TIME OF DEATH

1 YES 2 NO

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign

Maryland

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

USA

12;15 p. M

10a. STATE

DIRECTOR

RICHARD

Montgomery

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? VES 2 NO

18465 BROOKE ROAD

18465 Brooke Road

10b. COUNTY

RESIDENCE OF DECEDENT

Maryland

10e. STREET AND NUMBER

11. MARITAL STATUS

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

SANDY SPRING

20860

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-

Sandy Spring

E. HOPKINS, SR

YRS.

8. AGE (In yrs. last birthday)

82

2. DATE OF DEATH

05-07-90

7. DATE OF BIRTH (Month, Day, Year) 04-09-08

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comoletely DIVISION OF VITAL RECORDS, P.O. BOX 13146,

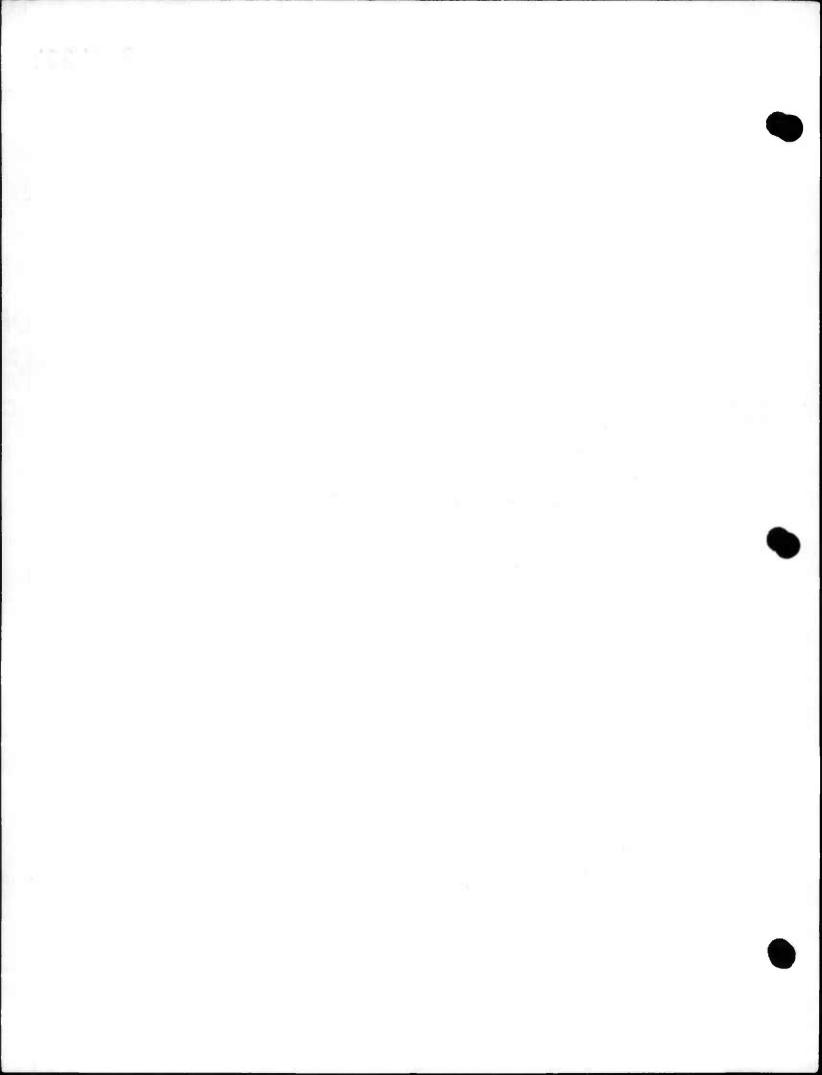
BY FL	1 Never Merried 2 Merried   FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes, spe	cify Cuban, Maxican, 2 NO Specify:	Puerto Rican, atc.)	Black, W Specify:	Black	
once. COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	de completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	SUAL OCCUPATION done during mos retired.)	N It of working	16b. KIND OF BUSINESS/I	NDUSTRY	
P.	7th	College (1-4 or 5+)	Truck	Drive	r	Naval Ord	. Lab	oratory
opus .	17. FATHER'S NAME (First, Middle, Last) Samuel P. Hopkins  18. MOTHER'S NAME (First, Middle, Malden Surname) Laura Bell							
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street ar	nd Number or Rural Ro	oute Number, City or Town, State,	Zip Code)	
De no	Louise H. Hop	kins (Wife)	18465	Brook	e Rd.,	Sandy Sprin	g, MD	20860
	20a. METHOD OF DISPOSITION  1 🔀 Burial 2 🗆 Cremation 3 🗆 Re  4 🗆 Donation 6 🗀 Other (Specify)	moval from State	other place) Ash Memo:			20c. LOCATION Sandy	4-1-21	ng, MD
medical examiner must	21. SUSTENUITE OF FUNERAL SERVICE I	. how	du	Snow		eral Home, MD 20850	P.A.	
the state of	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	e. List only one ceuse on	od the deeth. Do no each line.  OVASCULA			ss cardiac or respiratory	arrest,	Approximate Interval Between Onset and Death
event,	resulting in death)		A CONSEDUENCE OF):	aur	dlef			Imo
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
MEDICAL CE	PART II. Other significant condition	ons contributing to death			the bone	24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO	AN CX OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
S Z	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Chec	ck only one)		
or item YSICI	EXAMINER?	HOSPITAL:		OTHER:	00	Other (Specify)		
PH PH	27. MANNER OF DEATH  1 Natural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	JRY AT	28d. DESCRIBE HOW INJURY (	OCCURED	
28 IS	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State)							
IMPORTANT: II Item  D BE COMPLET						o the cause(s) and manner as s ime, data and place, and due to		nd manner as stated.
IMPORTA	Sign Signaphine and TITLE OF CERTIF	Dell-	29		DIS	9ER 29d. 0	ATE SIGNED (M	lonth, Day, Year)
1	DO NULLE DIL	on 2901 (	NNEy- Se	andy =	Spring	Rd. Ow	En //	6 2012
	MAY 1 0 390	Julia Davidson	4/		0		0	

00000

× =

15	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-cours after death. Page 6 may a requirement of attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page. The force as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not the machine and the most be not the machine and the most be not the m
physician. Include the bund-trans	COLUMN AS AND AS AS AS AS AS AS AS AS AS AS AS AS AS

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Las	- D- //	lorris	Harris	2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 203 09 7219		(In yrs. lest birthday) F	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Modin, Day, Year) 12/28/16	8. BIRTNPLACE (State or Foreign Country) Virginia
ron	9a. FACILITY NAME (If not institution, give	e atreet and number)	9b	CITY, TOWN OR LOCATION OF	DEATH . 9c.	COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COU	nty ntgomery		own or Location  ver Spring	1	Mod. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		511	10f. ZIP CODE	10g.	₹☐ YES 2 ☐ NO . CITIZEN OF WHAT COUNTRY?
FUNERAL	1104 Nora Drive	12. WAS DECEDENT EVER I	IN U.S. ARMED	20904	ANIC ORIGIN? (Specify Yaa or No	USA 14. RACE — American Indian,
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 🔀 YES IF YES, GIVE WAR OR D	2 NO	If yes, specify Cuban, Maxi 1 YES 2 NO Specific	can, Puarto Rican, atc.)	Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S E (Specify only highest grant property) (0-12)	College (1-4 or 5+)	ilfe. Do NOT use re	done during most of working tired.)	16b. KIND OF BUSINES	
OWID	1/12  17. FATNER'S NAME (First, Middle, Last)	5 Years	School Te		D.C. Pub	Lic Schools
100	Joseph Harris			Cora	Belle Smi	th
5	19a INFORMANT'S NAME (Type/Print) Hortense N. Har:	ris		ora Drive S.S.		te, Zip Code)
	20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 R	amoval from State	other place)	ON (Name of cemetery, crematory o		N City or Town, State
	4 Donation 5 Other (Specify)	LICENSEE	_ Harmony M	em. Park Cemet		lover, Md.
	Clark	E Wise	ni	Hines/Rinald:	i 11800 New H	Hamp.Ave.S.S.Md.
		or complications that cause re. List only one cause on a		enter the mode of dying, so	ch ss cerdiac or respirator	intarvai Between
	immediate cause (Final disease or condition resulting in deeth)	Acu	tel	Lyoca	whish t	Onset and Deeth
NO	Sequentisity list conditions,	- Chro	A CONSEQUENCE OF):	Myocar	dist	115. 420
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	C.	A CONSEQUENCE OF):	~		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS .	A CONSEQUENCE OF):			
AL CE	PART II. Other significant condit		but not resulting in t	ha undarlying cause given	in Part I. 24a. WAS AN AUTO PERFORMED	
MEDIC	1/8	nt			1 U YES 2 N.N	COMPLETION OF CAUSE OF DEATH?
Z						1 TYES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 □ NO	HOSPITAL:		28. PLACE OF DEATN (		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK?	26d. DESCRIBE HOW INJUR	Y OCCURED
B	1- Natural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not	28e, PLACE OF INJUR	IY — At home, farm, stre	M 1 YES 2 NO	281. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,
ETE	4 Homicide determined					
COMPLETED	(Check only	IYSICIAN: To the best of my know MINER: On the basia of examination				es stated. s to the couse(a) and menner as stated.
BEC	294- SIQUATURE AND JITLE OF CERT	rien		29c. LICENSE N	O O O	DATE SIGNED (Month, Day, Year)
Ø	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF O	PEATH (ITEM 27) (Type, Pri	int)		W 2 7 9 7 7 7 0
	31. DATE FILED (Month, Day, Year) MAY 1 0 '90	32. REGISTRAR'S SIG				



	should	
(	E	)
TIMORE, MARYLAND 21203-3146	th. Page 6 may be retained by the hospital or attending physician. eral director, page 5 should be detached for use as the burlat-transit permit.	

BOX 13146, BALTIMORE, MARYLAND 2120	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death cert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fight within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR			CERTIF	ICATE C	F DEATH		REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH
	Cora		H:	ardy			MONTH 5	™ 00100		YEAR	10.15 a "
ſ	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTI	IPLACE (State or Foreign
	213-22-4330	1 M 2 T-F	70	YRS.	MONTHS DA	YS HOURS MIN.	2/2/	20 20		Count	VIRGINIA
į	9a. FACILITY NAME (If not institution, give s	Λ	70		OF CITY TO	WN OR LOCATION OF D		20	90 0011	NTY OF D	
-						EAIN					
2	Memorial Hospita	L			Cuml	perland_			A11	egan	y]
2	10e. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR LO	DCATION					10d. INSIDE CITY
DIRECTOR	MARYLAND ALL	EGANY		FR	OSTBUR	G					LIMITS?
ا دِ	10e. STREET AND NUMBER				0012010	10f. ZIP COOE			10g. ÇIT	IZEN OF	WHAT COUNTRY?
2	ROUTE 2, BOX 14 -	ΔPT 1/				21532			US	Λ.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN?	Specify Yee			E American Indien,
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE V			If yes	s, specify Cuben, Mexic	en, Puerto Ric	en, atc.)	-57,00	Blac	k, White, etc.
2	3 💢 Widowed 4 🗀 Divorced	IF YES, GIVE V	WAR OR DATES		1 '	YES 2 X NO Spec	ry:			Spec	WHITE
3	15. DECEDENT'S EDU	CATION	160	DECEDENT'S			16b. K	IND OF BUS	INESS/IN	DUSTRY	
EIED	(Specify only highest grade	College (1-4 or 5	+)	life. Do NOT u	work done during se retired.)	g most of working					
₫	UNKNOWN	5-005c · 10		IC. PR	ACTICA	L NURSE	l N	URSIN	IG =		
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N					
ם כ	UNKNOWN					UNKNO	AIN.				
10 m	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet end Number or Rura		City or Town	n, State, Zij	p Code)	
2	HELEN PASSARELL			147	25 NAK	WOOD AVE.	CDES	A DTOM	M M	In 2	1502
	20e. METHOD OF DISPOSITION		20b. PL/	ACE OF DISPO		of cemetery, crematory or					own, State
	1 Donation 5 Other (Specify)	oval from State		er place) ITII CDF	ST BIID	IAL PARK		CLIN	AD E DI	AND	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAM	E ANO ADDRESS OF F		•			
	ML 1.45	1 - 1	1.			ORGE-UPCH					
_	Heray 1.1	acheur	N		20	2 CDEENE	ST C	IMDED	LAND	MD	21502
- 1					1 20	2 GREENE	31 U	UMDER	LAND	, MD	
	23. PART i. Enter the diseases, or ahock, or heart feilure.	complications the	it coused the	a deeth. Do	not enter the	mode of dylng, su	ch aa cardia	c or reapi	ratory ar	reat,	Approximate interval Between
	ahock, or heart feilure. iMMEDIATE CAUSE (Finel	complications the List only one car	nt coused that use on each	a deeth. Do	not enter the	mode of dylng, su	ch aa cardia	c or reapi	ratory ar	reat,	Approximate
	ahock, or heart feilure.	List only one cau	C O	PD	not enter the	mode of dying, su	ch aa cardia	c or reapi	ratory ar	reat,	Approximate interval Between
	ahock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition	List only one cau	C O O	PD	not enter the	mode of dying, su	ch aa cardia	c or reapi	ratory ar	reat,	Approximate interval Between
NC	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a	CO O O O O O O O O O O O O O O O O O O	NSEQUENCE O	F):	mode of dylng, su	ch aa cardia	c or reapi	ratory ar	Treat,	Approximate interval Between
NION	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate	a	C O	NSEQUENCE O	F):	mode of dying, su	ch aa cardia	c or reapi	ratory ar	reat,	Approximate interval Between
CATION	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions,	a	(OR AS A COL	NSEQUENCE O	F):	mode of dying, su	ch as cardia	c or reapi	ratory ar	reat,	Approximate interval Between
TIFICATION	ahock, or heert feliure.  iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	CO O O O O O O O O O O O O O O O O O O	NSEQUENCE O	F):	mode of dying, su	ch as cerdia	c or reapi	ratory ar	meat,	Approximate interval Between
EMILLICATION	ahock, or heert feiliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	(OR AS A COL	NSEQUENCE O	F):	mode of dylng, su	ch ae cardia	c or reapi	ratory ar	reat,	Approximate interval Between
5	ahock, or heert feliure.  iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	O (OR AS A CO)	NSEQUENCE O	F): F): F):	mode of dylng, su	ch as cardía	c or reapi	AUTOPSY	reat,	Approximate Interval Between Onset snd Desth  Desth  Desth  Desth  Desth  Desth  Desth  Desth
CALCE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	O (OR AS A CO)	NSEQUENCE O	F): F): F):	mode of dylng, su	ch as cardia	c or reapi	AUTOPSY	reat,	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Dest
DICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	O (OR AS A CO)	NSEQUENCE O	F): F): F):	mode of dylng, su	ch as cardia	c or reapi	AUTOPSY	reat,	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth
: MEDICAL CERTIFICATION	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	O (OR AS A CO)	NSEQUENCE O	F): F): F):	mode of dylng, su	ch as cardia	c or reapi	AUTOPSY	reat,	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Dest
MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition we have	a	O (OR AS A CO)	NSEQUENCE O	F): F): in the under	mode of dylng, su	n Pert 1.	c or reapi	AUTOPSY	reat,	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth
MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART ii. Other significant condition we have a condition or condition of the condi	B. DUE TO  C. DUE TO  d	O (OR AS A CO)	NSEQUENCE O	F): F):  In the under	fying cause given to	n Part 1. 2	4a. WAS AN PERFOR	AUTOPSY	reat,	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth
MEDICAL CE	ahock, or heert feiliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition we have a condition of the	B. DUE TO  b. DUE TO  c. DUE TO  d	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	INSECUENCE O	F): F):  In the under	fying cause given to	n Part 1. 2	4a. WAS AN PERFOR	AUTOPSY	241	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth
PHYSICIAN: MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significent condition we have been separated by the condition of th	B. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:  1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE O	F): F):  In the under  OTHER: 4   Nursing	flying cause given in the state of the state	n Part 1. 2	4a. WAS AN PERFOR	AUTOPSY MED?	241	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth
BY PHYSICIAN: MEDICAL CE	ahock, or heer feliure.  iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART ii. Other significent condition  PART ii. Other significent condition  The Language of the condition  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	B. DUE TO  B. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  A. L. L. L. L. L. L. L. L. L. L. L. L. L.	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE O	F): F):  In the under  OTHER: 4 □ Nursing  HE OF  JURY M 1	fying cause given to the state of the state	n Part 1. 2 heck only one) 6 □ Other (	4a. WAS AN PERFOR	AUTOPSY MED?	24I	Approximate Interval Between Onset and Death  D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	ahock, or heer feliure.  iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition  PART ii. Other significant condition  **The CAUSE CONDITION CO	B. DUE TO  b. DUE TO  c. DUE TO  d	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE O	F): F):  In the under  OTHER: 4 □ Nursing  HE OF  JURY M 1	fying cause given to the state of the state	heck only one)  6 □ Other (  2ed. DESC	4a. WAS AN PERFOR	AUTOPSY MED?  NJURY OC	24I	Approximate Interval Between Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth Onset snd Desth
ED BY PHYSICIAN: MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  The condition of the cond	B. DUE TO b. DUE TO c. DUE TO d	OF INJURY — A cell (Specify)	NSEQUENCE O	F): F):  The under  Th	flying cause given in the state of the state	heck only one)  6  Other (  286. LOCAT	4a. WAS AN PERFOR	AUTOPSY IMED?	24I	Approximate Interval Between Onset and Death  D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 1 Natural 2 Accident Investigation 1 Suicide 6 Could not be determined.	B. DUE TO b. DUE TO c. DUE TO d	OR AS A COLOR OF INJURY — A C. (Specify)	Inna.  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  AT 3 DOA  26b. Tin IN  At home, farm,	F): F):  F):  OTHER: 4   Nursing HE OF 28c JURY M 1 atreet, factory,	flying cause given in the state of the state	heck only one)  6  Other (  281. LOCAT	4a. WAS AN PERFOR	AUTOPSY IMED?  NJURY OC  and Number	24I CCURED or or Rural	Approximate Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 1 Natural 2 Accident Investigation 1 Suicide 6 Could not be determined.	B. DUE TO b. DUE TO c. DUE TO d	OR AS A COLOR OF INJURY — A C. (Specify)	Inna.  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  AT 3 DOA  26b. Tin IN  At home, farm,	F): F):  F):  OTHER: 4   Nursing HE OF 28c JURY M 1 atreet, factory,	flying cause given in the state of the state	heck only one)  6  Other (  281. LOCAT	4a. WAS AN PERFOR	AUTOPSY IMED?  NJURY OC  and Number	24I CCURED or or Rural	Approximate Interval Between Onset and Death  D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 1 Natural 2 Accident Investigation 1 Suicide 6 Could not be determined.	B. DUE TO b. DUE TO c. DUE TO d	OR AS A COLOR OF INJURY — A C. (Specify)	Inna.  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  AT 3 DOA  26b. Tin IN  At home, farm,	F): F):  F):  In the under  OTHER: 4   Nursing  IE OF 28c  JURY M 1  atreet, factory,	flying cause given in the state of the state	heck only one)  6 Other (  286. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED? NUURY OC	24l  CCURED or or Rural sted.	Approximate Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heert feiture.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury the initiated events resulting in death) LAST  PART II. Other significent condition we have been secured.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	B. DUE TO b. DUE TO c. DUE TO d	OR AS A COLOR OF INJURY — A C. (Specify)	Inna.  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  NSEOUENCE O  AT 3 DOA  26b. Tin IN  At home, farm,	F): F):  F):  In the under  OTHER: 4   Nursing  IE OF 28c  JURY M 1  atreet, factory,	tying cause given to the state of the state	heck only one)  6 Other (  286. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED? NUURY OC	24l  CCURED or or Rural sted.	Approximate Interval Between Onset snd Desth  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heert feiture.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury the initiated events resulting in death) LAST  PART II. Other significent condition we have been secured.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	B. DUE TO b. DUE TO c. DUE TO d. B. Contributing to HOSPMAL: 1 Mipstent 2 26e. PLACE C building ICUM: To the best of the	O (OR AS A COI O (OR	Inne.  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  10 Tesulting  26b. Tin  IN  At home, farm,  1e, death occur  d/or investigati	F): F):  In the under  OTHER: 4   Nursing HE OF JURY M 1 atreet, factory, on, in my opini	fying cause given in the state of dying, sure five the state of the st	heck only one)  6 Other (  286. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED? NUURY OC	24l  CCURED or or Rural sted.	Approximate Interval Between Onset snd Desth  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heer feliure.  iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentisily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART ii. Other significent condition  PART ii. Other significent condition  TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINA  29b. SIGNATURE AND TITE OF CENTIFE	B. DUE TO b. DUE TO c. DUE TO d	OR AS A COLOR OF THE PROPERTY	Inna.  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  At home, farm,  At home, farm,  d/or investigati	F): F): F): In the under  OTHER: OTHER: JURY M 1  atreet, factory, red at the time, on, in my opini	tying cause given to the state of the state	heck only one)  6 Other (  28d. DESC)  26f. LOCAT City or  te to the cause e time, date e	4a. WAS AN PERFOR	AUTOPSY MED? NUURY OC	24l  CCURED or or Rural sted.	Approximate Interval Between Onset snd Desth  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heert feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the initiated events resulting in death) LAST  PART II. Other significent condition with the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation investigation determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE?  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME ANO ADDRESS OF PERSON WITH INTERIOR CONTRIBUTE OF CERTIFIER  30. NAME ANO ADDRESS OF PERSON WITH INTERIOR CAUSE.	B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  C. DUE TO  C	of (OR AS A COID	Inne.  NSEQUENCE O	F): F):  In the under  OTHER: 4   Nursing HE OF JURY M 1 atreet, factory, on, in my opini	tying cause given to the state of the state	heck only one)  6 Other (  286. LOCAT City or	4a. WAS AN PERFOR	AUTOPSY MED? NUURY OC	24l  CCURED or or Rural sted.	Approximate Interval Between Onset snd Desth  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

60311 A

10.1

	F	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in State Decir. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

				<b>~</b>			9	0 14366			
	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAI	RTMENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)		02.11111	IOAIE OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
	James R. HATFIEI					May 1	9 9	90 3:10 PM M			
	214-05-6190	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. last birthday) 80 vrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-14-09	Р	BIRTHPLACE (State or Foreign Country) ENNSYLVANIA			
TOR	Avalon Home Inc.  9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown							y of death Ingition			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. Cl	TY, TOWN OR LOCA	TON			10d. INSIDE CITY			
5		HINGTON	H.F	GERSTOWN				1 X YES 2 NO			
RAL	10s. STREET AND NUMBER			10	21740		USA	EN OF WHAT COUNTRY?			
NE I	ROUTE 6 BOX 2	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE — American Indian,			
BY	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 NO	If yes, sp 1 TYES	2 X NO Speci	an, Puarto Rican, etc.) ly:		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	S USUAL OCCUPATION work done during mouse retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUS	STRY			
PE	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		EMPLOYED		TIRES					
NO	17. FATHER'S NAME (First, Middle, Last)		3561-1	THE LUTED	18. MOTHER'S NA	AME (First, Middle, Maider	Surname)				
BE C	JAMES HATFIELD					GARDNER					
0	19a. INFORMANT'S NAME (Type/Print)	EL D				Route Number, City or Tov					
	CHARLES R. HATEI  2ps. METHOD OF DISPOSITION  1X XBuriel 2 Cremetion 3 Rem		20b. PLACE OF DISPO			- LAVALE,		ty or Town, Stella			
	4 Donation 5 Other (Specify)		DAVIS	MEMORIAL			UMBERL	AND, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Linchin	ich)	GEO		URCH FUNER					
	202 GREENE ST., CUMBERLAND, MD 21502  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between interval Between										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Mul	ti Suste	- Fail	en-			Onset and Death			
	The second secon	DUE TO	OR AS A CONSEQUENCE	OF);	Carre			3 Months			
NO	Sequentially list conditions,										
S	If any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTIFICATION	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST										
S		d									
CAL	PART II. Other algnificant condition		seme Hy			PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDICAL	71/20	Lindus	seme fly	porcyr	010	1 TYES	2 1 NO	OF DEATH?			
Z :								1 123 2 10			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)					
YSI	1 🗆 YES 2 🖾 NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3 🗆 DOA			6 Other (Specify)					
	27, MANNER OF DEATH  1 1 Natural 5 Pending	28a. DATE OF (Month, De		IJURY W	JURY AT DRK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCU	JRED			
ВУ	2 Accident investigation 3 Suicide S Could not be	28e. PLACE OF	INJURY — At home, farm			281. LOCATION (Street	and Number o	or Rural Route Number,			
TEC	4 Homicide determined	building, (	etc. (Specify)			City or Town, State	"				
COMPLETED	one)		my knowledge, death occu amination and/or investigat					d. cause(a) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NO	IMBER	29d, DATE	SIGNED (Month, Day, Year)			
TO B	30. NAME AND ADDRESS OF PERSON WI	MD.	E OF DEATH STEM AS C	na Belesti	D05967		5.	-19-90			
	W.W.LESH, M.D.				STOWN, M	ARYLAND 2	1740				
		34 REGISTRA									
-											

r atten	use as	Ä
spital o	hed for	
the ho	e detacl	once
ined by	d bluo	Red a
be reta	ge 5 st	e noti
6 тау	ctor, pa	nust b
. Page	ral dire	iner r
er death	the fune	ехаш
ours aft	In by	nedica
	ation.	the r
ed with	omplete	event
execut	n and c	matic
icate be	physicia o prinr	er tra
h certif	Hvnlen	or oth
the deat	the aft	nlury.
s that	alth and	amy
require	Deen Sig	show
The law	te has t	52 mg
ICIAN:	the Ct	or ite
G PHYS	er this o	arked
LENDIN	DR: Aft	100 E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a set of making 29 hours after death with the State Deat of Health and Mental Handens until the build, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	NERAL NIC Z	NT: It I
THE HO	THE FUI	PORTA
2	2	3

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH REG. NO.

Califoli Al	bert Helm	nick					2. DATE OF	0EATH 18,1999	90		9:45 P.M.
4. SOCIAL SECURITY NUMBER 217-10 -7436	5. SEX 1∑OM 2 □ F	8. AGE (In yrs. les	st birthday) YRS.	IF UNDER 11	YEAR IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D			Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give P.O. Box 20				96. CITY, TO Pint	OWN OR LOCATIO	ON OF OE			9c. COUNT	egan	тн
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	OTV.		100 017	Y, TOWN OR	1 OCATION					I.	od. INSIDE CITY
	legany			Pinto,							LIMITS?
10e. STREET AND NUMBER	2090217				10f. ZIP CODE				10g. CITIZ	_	AT COUNTRY?
P.O. Box 20					215	56			1	JSA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 R WAR OR DATES	NO NO	lf y	AS DECENDENT O	n, Mexican	, Puerlo Rica		r No-	14. RACE - Black, 1 Specify:	- American Indian, Whita, etc. White
15. DECEDENT'S El (Specify only highest gra	DUCATION ide completed)	/G	live kind of	USUAL OCC	UPATION ring most of workin	a a	16b. KI	ND OF BUSIN	ESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	pefit		plumbe	er	Wa	alter	N. Y	oder	Co.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12  16a. DECEDENT'S USUAL OCCUPATION (file kind of work done during most of working life. Do NOT use retired.) pipefitter & plumber  Walter N. Yoder Co.  17. FATHER'S NAME (First, Middle, Last) Albert C. Helmick  16a. DECEDENT'S USUAL OCCUPATION (file kind of work done during most of working life. Do NOT use retired.)  Walter N. Yoder Co.  16. KIND OF BUSINESS/INDUSTRY (file kind of work done during most of working life. Do NOT use retired.)  Walter N. Yoder Co.											
19a. SNFORMANT'S NAME (Type/Print) Mr. Richard D.	Helmick				Street and Number		loute Number,	City or Town,	State, Zip	Code)	
20 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 8 Other (Specify)	imoval from State	26b. PLACE Pint	of dispo	nnonit	e of comotory, cron ce Cemet	ery		Pint			n, State
21. SIGNATURE OF FUNERAL SERVICE	2 X/Ca	1011	11.	SC Cu	ame and appres carpelli imberlar	Fund, M	eral D 215	Home 02			
disesse or condition resulting in death)  Sequentially list conditions,	b. Hogele W	O (OR AS A CONSE	OUENCE C	or): leu or):	Farch	ion					
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE T										1
CAUSE (Disease or injury	d.	o deeth but not	resulting	in the und	eriying cause (	given in		4e. WAS AN A PERFORM	ED?		VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d.	inong		OTHER:	26. PLACE OF D	DEATH (Che	ack only one)	PERFORM	ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d.  lons contributing t  GAN  HOSPITAL: 1   inpetiant 2	P ER/Outpetient	3	OTHER:	26. PLACE OF D	DEATH (Che	eck only one)  8  Other (3	PERFORM	HED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in desth) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 100  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not 1	HOSPITAL: 1 Inpetiant 2 28a. OATE C (Month, on building	P ER/Outpetient	3 DOA	OTHER: 4   Nureir ME OF   2 IJURY   M	26. PLACE OF D	PEATH (Che	8 Other (C	PERFORM  YES 2.4	JURY OCC	URED	MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
CAUSE. (Dissess or Injury that initiated events resulting in desth) LAST  PART II. Other significant conditions and the condition of the condi	HOSPITAL: 1 Inpetiant 2 28a. OATE C (Month, on building	P ER/Outpatient :  OF INJURY — At h  of my knowledge, d	3 DOA  28b. Till Ih	OTHER: 4   Nurelr ME OF   2 JURY M   street, factor	26. PLACE OF D ing Home 5 Eac. RNJ AT WORK? 1 YES 2 Try, office	DEATH (Che	8 Other (1 28d. DESCR City or to the cause	PERFORM  YES 2.6  Specify)  RIBE HOW IN.  HON (Street an Town, State)	JURY OCC	URED or Aural Ao	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
CAUSE. (Dissess or Injury that initiated events resulting in desth) LAST  PART II. Other significant conditions and the condition of the condi	HOSPITAL: 1   Inpetiant 2 28a. DATE C (Month) 28a. PLACE building  YSICIAN: To the best of	P ER/Outpatient :  OF INJURY — At h  of my knowledge, d	3 DOA  28b. Till Ih	OTHER: 4   Nurelr ME OF   2 JURY M   street, factor	26. PLACE OF D ing Home 5 Re i	DEATH (Che	sck only one)  8 Other (3  28d. DESC!  281. LOCAT.  City or  to the cause time, data ar	PERFORM  VES 2.6  Specify)  RIBE HOW IN.  ION (Street an Town, State)  (a) and mann and place, and	JURY OCC	URED  or Rural Ro  ed.  a cause(a)	MAILEBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  UNITED THE PRIOR TO COMPLETION OF CAUSE OF C

w 11 2

2

. .

100

. .

ехаш	
medicai	
the	
event,	
or item 23 shows any injury, or other traumatic	
other	
6	П
Injury,	
any	1
shows an	
23	ı
item	
0	Ĺ
marked,	
69	
28	1

Desar	e Edith	Howser				H			May 20, 19	90		:00 P.
4. SOCIAL SECURITY NUI 219-06-231	2	5. SEX 1 M M F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. QATE OF BIRTH 02-22-1897		6. BIRTHPI Country	ACE (State or Foreign
oa FACILITY NAME (# pot Cuppett We	institution, give atre eks Nurs	et and number) Sing Hom	9		oak I	and	R LOCATIO	ON OF D	EATH	9c. COUN	ett	ТН
RESIDENCE OF DE 10a. STATE MD	10b. COUNTY Allega	ansz			y, town o							od. INSIDE CITY LIMITS?
10e. STREET AND NUMBE	EET AND NUMBER  8 Virginia Avenue  10f. ZIP CODE 21502  TAL STATUS  12. WAS OECEDENT EVER IN U. STARMED FORCES? 1   YES 2   NO   If yes, apedity Cuban, Maxican, Puarto Rican, atc.)  18. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS DECENDENT OR HISPANIC ORIOIN? (Specify Yes)  19. WAS D						10g. CITIZ	EN OF WH	YES 2 NO			
11. MARITAL STATUS						NIC ORIOIN? (Specify Yearn, Puerto Rican, atc.)	RIOIN? (Specify Yea or No.   14. RACE - American		White, atc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary Secondary (0-12)  College (1-4 or 8+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  NOT use retired.)  HOUSEWIFE  OWN home  17-ANTHER'S NAME (First, Middle, Last)  Clara RANKIN Middle, Maiden Surname)												
'Chris Kern	Siddle, Lest)						clar	FR'Ra	Middle, Maiden	Sumame)		
194. INFORMANT'S NAME Mrs. Georg	(Type/Print) la E. Te	eets	1 31	MAILING V	ADDRESS	(Street a	nd Number Venu	or Rural	Route Number City or Town	MD 2	1502	
XX. METHOD OF DISPOS  1	tion 3 🗆 Remo	val from State	ROSE PLACE	OF DISPO	SITION (No Ceme	tery	netery, cren 7	netory or	crimpe 50c To	cation – c	d, M	), State
21. SIGNATURE OF FUNES		NSEE COL	0011	,	Sc Cu	arpe mber	1499RE land	rone , MI	Fra1 Home 21502			
23. PART Enter tha shock, or IMMEDIATE CAUSE (I disease or condition resulting in daeth)	heart fallure. L	ist only one cau	sa on aach lina.									Approximate Interval Betwee Onset end Dea
	YING		estive or as a consector as a consector			10	ailu	Re	ulax di			
Sequentially list condit any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA												
if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	cant conditions			_	in the ur	dariyin	g couse (	given in	Part I. 24a. WAS AN PERFOF	RMED?		WAILABLE PRIOR TO
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) L/PART II. Other aignifit	cant conditions	MUNIF	NDRAME H	2	отне	28. PI	ACE OF 0	EATH (C	PERFOF  1 YES 2	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LATE OF THE CONTROL OF THE CONTROL OF THE CAMINERY TO SEAMINERY TO SEAMINERY TO SEAMINERY TO SEAMINERY TO SEAMINERY TO SEAMINERY TO SEAMINERY TO SEATH	cant conditions	MONIT	VDRAM  ER/Outpetient 3 INJURY	DOA 28b, Till	OTHER	28. PI R: sing Hom 28c. INJ WC	ACE OF O	EATH (C	PERFOF	NO NO		COMPLETION OF CAUSE OF DEATH?

MALA RICHTEN MALE PRINTER PRINTER 27) (Type, Print)

0

29d, DATE SIGNEO (Morith, Day, Year)

5/20/70

21550

D30035

OAKLAND, MD

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPART CERTIFIC				YGIENE			
1. DECEDENT'S NAME (First, Middle, Lest FLORENCE	)	HARTMA			2. DATE OF 1 MONTH MAY 2	DAY	990 YE	AR	:38A M
4. SOCIAL SECURITY NUMBER 050-20-2898		(In yrs. last birthday)	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS WIN.	7. DATE OF E (Month, Da July	BIRTH N. Year)	8.	_	
9e. FACILITY NAME (If not institution, give				OR LOCATION OF DE			9c. COUNTY		
THE JOHNS HO	OPKINS HOSPIT	TAL	BAL	TIMORE			BALT	IMOR	E CITY
MD Alle	ny egany		TOWN OR LOCAT	TION					LIMITS?
10e. STREET AND NUMBER	sgarry			. ZIP CODE			10g. CITIZEN		
1268 Vocke Road				21502			US		
11. MARITAL STATUS  1 Never Married  3 Widowed 4 Divorced	FORCES? 1 VES 2 NO If yes, sp			444			Specify:	American Indian, alte, etc.	
15. DECEDENT'S ED (Specify only highest grades)	UCATION de completed)	18e. DECEDENT'S U	SUAL OCCUPATION done during more retired.)	ON ast of working	18b. KIN	ID OF BUSI	NESS/INDUST	TRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	housewife			OW	n home	9		
17 FATHER'S NAME (First, Middle, Last) Vlago Cutola		,	· ·	Anna Swe	ME (First, Midd	le, Maiden S	urneme)		
190. INFORMANT'S NAME (Type/Print) Mr. William C. 1	Hartman			and Number or Rural d LaVale			State, Zip Co.	de)	
METHOD OF DISPOSITION  1	moval from State P	nb. PLACE OF DISPOSIT	rion (Name of ce Veteran	metery, crematory or s Cemete	ery		ation — city tstone		
21. SIGNATURE OF FUNERAL SERVICE	JICENSEE Z	polli	Scarp Cumbe	elli Fun rland, M	eral H D 2150	ome 2			
23. PART   Entar tha disease, o shock, or heert failure immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. Liet only one cause on  e. SCOSIS  DUE TO (OR AS  OUE TO (OR AS  MULTI		us : RLAN F		n as carmed	of reaphi	atory arrest	,	Approximate interval Batween Onset and Death 24 Ms
PART II. Other significant condition Review France Insufacionary		tapatitis,	Adre	nul	1	a. WAS AN A PERFORI	MED?	CO DF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)		needle)			
27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	7 28b. TIME	OF 28c. IN	JURY AT	_		JURY OCCUP	RED	·
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	RY — At home, farm, st		YES 2 NO		ON (Street al	nd Number or	Rural Route	Number,
CONTROL ONLY	YSICIAN: To the best of my kno	owledge, death occurre	d at the time, det	e end place, end du	e to the cause(	(e) end men	ner as stated.		
2 MEDICAL EXAMI	NER: On the basis of examinat	ion end/or investigation	, in my opinion,	death occured at the		d place, end			d manner ee stated.
Jums D. Ou	un mo				000	0	-	1216	
JAMES D. NA		Johns G		Hospita	n 3	ONTIM	ive M	100	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE	1	,					

6

LAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. OECEOENT'S NAME (First, Middle, Last)	HARDY		2. DATE OF OEATH DAY	YEAR 90 1/50 P M
		SEX 6. AGE (In yrs. last birthda  M 2 P P PRS  and number)	MONTHS DAVE HOUSE MIN	7. OATE OF BIRTH (Month, Day, Year) 2 /0 9/ OEATH 9c. Cr	8. BIRTHPLACE (State or Foreign Country)  WIV
TOR.	CUMBERLAND NURSI	ne Villa	CUMBEALAND,	MD	Allegany
DIRECTOR	10e. STATE 10b. COUNTY		CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 VES 2 NO
	100. STREET AND NUMBER Allega	ay	Cumberland	10g. (	CITIZEN OF WHAT COUNTRY?
BY FUNERAL	314   Dennsylvania   A	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi		14. RACE American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EOUCATII (Specify only highest grade com Elementary/Secondary (0-12)  C	pleted) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINESS/	INDUSTRY White
MPL	12 17. FATHER'S NAME (First, Middle, Last)		Health Nurse	City & Cou	inty
20 11	Wilbert D. Hardy			len Chesshire	"
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAIL	ING ADDRESS (Street and Number or Run		, Zip Code)
	Mr Boh McCrakon  20a. METHOD OF DISPOSITION  3.6 Burial 2 Cremetion 3 Removal  4 Donation 5 Other (Specify)	from State 20b. PLACE OF DIS	Fourth Stroot POSITION (Name of cemetery, cremetery of	20c. LOCATION	I — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	13001261 10	emorial Park 22. NAME AND ADDRESS OF Scarpelli Fu	FACILITY	and, MD
	23. PART Venter the diseases, or com	plications that caused the deeth. I	Scarpelli Fur Cumberland, I	MD 21502 uch as cardlec or respiratory	arreat,   Approximate
	shock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each line.  Walne	ria.		Interval Between Onset and Death
_		DUE TO (OR AS A CONSEQUENCE	EOF:	ordiner	
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE	E OF):		
PHYSICIAN: MEDICAL CI	PART II. Other algorificant conditions of CLC	ontributing to deeth but not resulting	ng in the underlying cause given	In Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 YES	AMAILABLE PRIOR TO COMPLETION OF CAUSE
N.					
SICI		OSPITAL:	26. PLACE OF DEATH		
ву РНУ	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation		TIME OF 18c, INJURY AT WORK?  M 1 YES 2 NO	28d. OESCRIBE HOW INJURY	OCCURED
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At home, fai building, stc. (Specify)	rm, street, factory, office	281. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
COMPLETED	one)	N: To the best of my knowledge, death occor the basis of examination and/or investig			(1) (c)
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER PLANE BY	of alm	29c, LICENSE I	96/ 29d.	DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	-7 -1	Type, Print) Schley	st. Cumber	land, Ad.
	MAY 1 6 1990	32. REGISTRAR'S SIGNATURE			

1	-	FOR STATE REGISTR	AF
1	i, D	ECEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2/3-56-6653  1  N 2  F	BIRTHPLACE (State or Foreign Country)  MARYLAND  TY OF DEATH
4. SOCIAL SECURITY NUMBER 2/3-56-6653  1	B. BIRTHPLACE (State or Foreign Country)  MARYLAND  TY OF DEATH  RLES
2/3-56-6653  1 M 2 F	COUNTRY) MARYLAND TY OF DEATH RLES
99. FACILITY NAME (II not institution, give street and number)  PHYSICIANS MEMORIAL HOSPITAL  RESIDENCE OF DECEDENT  100. STATE  MARYLAND  100. COUNTY  WHITE PLAINS  DEC. 26, 1946 MAR  90. COUNTY OF D  90. COUNTY OF D  CHARLES  WHITE PLAINS	TY OF DEATH
PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARLE  10a. STATE 10b. COUNTY WHITE PLAINS  10c. CITY, TOWN OR LOCATION WHITE PLAINS	RLES
	10d. INSIDE CITY
100 STREET AND NUMBER	1 X YES 2 NO
W. El Out	EN OF WHAT COUNTRY?
E P.O. BOX 404 20695 UNITED	ED STATES
L 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puarto Rican, etc.)	14. BACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY	JSTRY
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  NONE  16. DECEDENT'S USUAL OCCUPATION (Give kind of working most of working life. Do NOT use refered.)  NURSES AIDE  16. MEDICAL  16. MOTHER'S NAME (First, Middle, Last)  16. KIND OF BUSINESS/INDUSTRY (Give kind of working most of working life. Do NOT use refered.)  NURSES AIDE  16. MOTHER'S NAME (First, Middle, Maidlen Sumame)  MADY EDNA CAMPBELL HALIFLEN	
17. FATHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Maiden Sumame)	
WARREN A. HAWKINS FEART EDNA CAFFBELL HAWKIN	KINS
196. INFORMANT'S NAME (Type/Print) 196. MARY EDNA HAWKINS 196. MARY EDNA HAWKINS 197. INFORMANT'S NAME (Type/Print) 3004 GALLERY PLACE APT.T-7 WALDORF, MAR	Code)
THE BOWN MINISTER 1 TO STATE OF THE STATE OF	MARYLAND 20602
1 X Burtal 2 Committee 2 Removed from State Other Disce	
22. NAME AND ADDRESS OF FACILITY	
THORNTON'S FUNERAL HOME, POMONK	Olly or Town, Stata COWN, MARYLAND
23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,	Olfy or Town, State COWN, MARYLAND ONKEY, MARYLANI
23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	COWN, Stela COWN, MARYLAND CONKEY, MARYLANI est, Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final	OWN, State OWN, MARYLAND ONKEY, MARYLANI est, Approximate Interval Between
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Due TO (OR AS A CONSEQUENCE OF):	COWN, Stela COWN, MARYLAND CONKEY, MARYLANI est, Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Due TO (OR AS A CONSEQUENCE OF):	COWN, Stela COWN, MARYLAND CONKEY, MARYLANI est, Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Due TO (OR AS A CONSEQUENCE OF):	COWN, Stela COWN, MARYLAND CONKEY, MARYLANI est, Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Due TO (OR AS A CONSEQUENCE OF):	COWN, Stela COWN, MARYLAND CONKEY, MARYLANI est, Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	COWN, Stela COWN, MARYLAND CONKEY, MARYLANI est, Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	TOWN, Stela TOWN, MARYLAND  MONKEY, MARYLAND  Approximate Interval Between Onset and Death  COLS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aach line.  IMMEDIATE CAUSE (Final disease or condition and the cause of t	TOWN, Stela TOWN, MARYLAND  MONKEY, MARYLAND  Approximate Interval Between Onset and Death  COLS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aach line.  IMMEDIATE CAUSE (Final disease or condition and the cause of t	TOWN, Stela TOWN, MARYLAND  MONKEY, MARYLAND  Approximate Interval Between Onset and Death  COLS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aach line.  IMMEDIATE CAUSE (Final disease or condition and the cause of t	TOWN, Stela TOWN, MARYLAND  MONKEY, MARYLAND  Approximate Interval Between Onset and Death  COLS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aach line.  IMMEDIATE CAUSE (Final disease or condition and the cause of t	TOWN, Stela TOWN, MARYLAND  MONKEY, MARYLAND  Approximate Interval Between Onset and Death  COLS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1 DYES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  1 DYES 2 NO  27. MANNER OF DEATH  28. DATE OF INJURY AT UNDER HOW INJURY OCCURED WORK?  (Morth) Day (New)  1 DYES 2 2 NO 2 SEC, INJURY AT 286. DESCRIBE HOW INJURY OCCURED	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE	OWN, MARYLAND  IONKEY, MARYLAND  Approximate Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	OWN, MARYLAND  IONKEY, MARYLAND  Approximate Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	Approximate Interval Between Onset and Death October 100 Operation of Cause Of Death?  1 Yes 2 No
23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERILYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	COWN, MARYLAND  IONKEY, MARYLAND  Approximate Interval Between Onset and Death  COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  RURED  Or Rural Route Number,  e cause(s) and manner as stated.
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE	Approximate Interval Between Onest and Death Death Onest and Death Onest and Death Onest and Death Onest and Death Onest and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death
23. PART I. Enter the diseases, or complications that caused this death. Do not anitar the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on aach line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQ	COWN, MARYLAND  IONKEY, MARYLAND  Approximate Interval Between Onset and Death  COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  RURED  Or Rural Route Number,  e cause(s) and manner as stated.
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE	Approximate Interval Between Onest and Death Death Onest and Death Onest and Death Onest and Death Onest and Death Onest and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death

_	HE HOSPITAL	HE FUNERAL I	ORTANT: # 1
DIVISION OF VITAL RECORDS, 1:0. DOA 19149,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
AL DECOR	he law requires that	thas been signed by e Dept. of Health and	m 23 shows any
5, 7.	the death certif	the attending d Mental Hygie	Injury, or oth
<	ficate be exe	physician an	ner trauma
5	cuted within 2	d completely f urial, crematio	lic event, th
	Trours after de	illed in by the fi in, or removal.	e medical ex
	ath. Page 6 ma	neral director, p	aminer must
DALIMONE, MANIESTE	/ be retained by	age 5 should be	be notified a
	the hos	detach	once.

1	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYG		
	DECEDENT'S NAME (First, Middle, Last)		0			2. DATE OF DEAT	Н	3. TIME OF DEATH
	Leroy	W. Hicks, S	Sr.			монтн 5	06 90	7:45 pm
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)
١.	219-20-8442	1 🔀 M 2 🗆 F 82	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Yes		arvland
)	9a. FACILITY NAME (If not institution, give st	reet and number)	9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
8	Memorial H	ospital	1	Eas	ton		Tal	bot
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40- 0179 1	OWN OR LOCAT				10d. INSIDE CITY
E	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -				ION			LIMITS?
	Maryland Tal:	DOT	Eas	ton	ZIP CODE		10g CITIZEN	1 ☑ YES 2 ☐ NO
FUNERAL	201 Federal St	7n+ 60		1100	21601		U.S	CAL-CAL SWA
Z I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specif		RACE — American Indian, Black, White, etc.
E	1 Never Married 2 X Married	FORCES? 1 YES			cify Cuban, Maxicar 2 NO Specify.		L)	Black, White, etc. Specify:
B	3 Widowed 4 Divorced				25			white
8	15. DECEDENT'S EDUC (Specify only highest grade		Give kind of wor	k done durina mos	N st of working	18b. KIND O	BUSINES8/INDUST	/RY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r					
COMPLETED	8		superv	risor-l			ospital	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mi		
BE	Henry Hicks		T			ce Kem		
2	19a. tNFORMANT'S NAME (Type/Print)	7	I I I I I I I I I I I I I I I I I I I				r Town, State, Zip Co	
	Leroy W. Hicks		PLACE OF DISPOSIT		Parkwa		CON MU	21601
	20s, METHOD OF DISPOSITION 5 1 A Burial 2 Crematton 3 Remo	oval from State	oring H				aston,	
	21. SIGNATURE OF FUNERAL SERVICE LIC		orring n.	-	IN ADDRESS OF FAC		as coll,	MU
			1		am Fune		me	
		R. MERC			on, Mar			
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that caused t List only one cause on eac		antar tha mo	de of dying, such	h se cardiac or	respiretory srreat	Interval Between
- 1	IMMEDIATE CAUSE (Final	CLEAN TO THE PROPERTY OF THE PA	0		, .			Onset and Death
	disease or condition resulting in death)	S. Terres DUE TO (OR AS A C	× 0-	mye	horis			MMES
		DUE TO (OR AS A C	CONSEQUENCE OF):					12752
S S	Sequentially list conditions,	DUE TO (OR AS A C	CONSEQUENCE OF):					1
A	if any, leading to immediata cause. Enter UNDERLYING		.,,					
운	CAUSE (Disesse or Injury that initiated events	CDUE TO (OR AS A C	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
	BAST II Other significant condition	a contribution to death by	t ant moulting in	Abo madadida	n naven alvan la	Direct Dan 100	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	PART II. Other significant condition	s contributing to death but	t not resulting in	tna undariyini	g cause given in		RFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
ă						—   ¹□Ÿ	ES NO	OF DEATH?
Z						<u> </u>	3	1   YE8 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00.00	ACE OF DEATH (C)	h est ess		
<sub></sub>	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
₹	1 YES 2 NO	1 Inpetiant 2 ER/Outpet	tlent 3 DOA 4		e 5 🗆 Raaldence		OW INJURY OCCUP	RED
	Natural 5 Pending	(Month, Day, Year)	INJUI	RY WC	PRK? YES 2 NO			
BY	2 Abcident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -	- At home, farm, str			281, LOCATION (S	Street and Number or	Rural Route Number,
COMPLETED	4 Homicide 6 Could not be	building, atc. (Specifi	y)			City or Town,	State)	
91	29a. CERTIFIER	ICtAN: To the best of my knowle	den dividh assumed	et the time dete	and place and due	to the council or	d manner as stated	
MP	(Check only	ER: On the besig of examination	_					
	29b. SIGNATURE AND TITUE OF CERTIFIE				29g. LICENSE NUI	MREO	204 DATE 8	HQNED (Month, Day, Year)
BE	A CONTRACTOR	8 0	en		A012	25	15-	7-90
2	30. NAME AND ADDRESS OF PRISON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	rint)				, , ,
	. 0	arney, M.D.		Box :	106 Ea	ston M	2160	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		_ U		2100	-
	MAY 0 9 '90	gelia Verico	lean-Almoss	&				

BALTIMORE, MARYLANI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

urial-transit permit. Pages 1, 2, 3 should

S		2
page		å
rector,		musi
funeral di	after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
Ę.	BOVA	E
5	Terr	po
69	ō.	Ē
) F	rijou	the
npletel	crema	vent.
Š	rial,	3
and	DQ C	nati
Sician	prior to	traun
E	au	her
ding	lygie	r ot
tten	100	0 '
the a	Men	Sign
3	and	· A
gned	ealth	IS an
S He	H	200
ğ	pt.	33
has	De	2
hcate	State	Iten
Serti	the	0
this (	with	rked
After	death	E ma
CTOR:	after	28 15

Robert Farr MD
31. DATE FILED (Month, Day, Year)

APR 25 '90

3

32. REGISTRAR'S SIGNATURE Julia Davidson-Randalla

								(	90	4373
	FOR STATE REGISTRAR	STATE OF MARYLA			OF DEATH		YGIENE EG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)	Joseph Jame				2. DATE OF I	21.	1990	3. TIME OF	РМ
	4. SOCIAL SECURITY NUMBER 198 26 2125	1 X M 2 □ F 64	yrs. lest birthde	MONTHS D	AYS HOURS MIN.	7. DATE OF E (Month, De 7-3-2	y Year)	· ·	BIRTHPLACE (State Country) PA	e or Foreign
TOR								sc. county Kent	OF DEATH	
DIRECTOR	10a, STATE 10b. COUNTY	Annes		O.BOX	182 Sudlers	sville,	,Md 2	21668	10d. INSIO	\$?
FUNERAL	100. STREET AND NUMBER P.O.BOX 182				10f. ZIP CODE 21668			USA.	OF WHAT COUN	тнү?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DATE 1/8/46 - 5/2	TES	lf y	S DECENDENT OF HISPAI es, specify Cuban, Mexice YES 2 NO Specif	n, Puerto Ricar			RACE — America Black, White, etc Specify: WHit	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	CATION	16a. DECEDEN	T use retired.)	UPATION ing most of working	Sta	ite Fa			
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN		Norristown, PA  16. MOTHER'S NAME (First, Middle, Meiden Surname)  unknown							
10	19a. INFORMANT'S NAME (Type/Print) Helen Everett				Street and Number or Rural  2, S.Church					.668
	20a METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stale	other place)	Shore '	of cometery, crematory or V.A. Cemete			tion — chy Lock ,	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Tellows		Fe.	me and address of fa llows Funer x 270,368 W	ral Hon	ne ess St		21651 ington.	
		complications that caused List only one cause on ea cerioscleroti	ch line.				or reapira	itory arrest	Inter	roximata rval Between et and Death
	disease or condition reaulting in death)	eDUE TO (OR AS A								
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENC	E OF):						
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENC	E OF):						
	PART II. Other algolificant condition	a contributing to death be	ut not resulti	ng In the unde	erlying cause given in		e. WAS AN AI PERFORM	ED?	24b. WERE AUTO AMAILABLE COMPLETION DF DEATHS	PRIOR TO ON OF CAUSE
PHYSICIAN: MEDICAL						_			1 🗌 YES	2 🗌 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C/					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp		TIME OF 2	g Home 5   Residence			JURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M	WORK?  1 YES 2 NO					
ETED E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		rm, street, factor	y, office		ON (Street and lown, State)	d Number or i	Rural Route Numbi	PF,
COMPLE	cool V	ICIAN: To the best of my knowl ER: On the basis of examination							ause(a) and mann	er as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	for ,	n.D.		29c. LICENSE NU D01250	IMBER			il 22,	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OE	ATH (ITEM 27)	Type, Print)						

DHMH-18 Rev 1/89

CT III CT

Y your

3. TIME OF DEATH

once.

	Oliver Bill
6,	verthin
1314	populary and
×	2
. 80	opigo não
0	0
۵.	dand
S	· who
H	4
3ECO	and an inch
	- France
₹	É
	44.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	one severalization of antichitati. The face securious show the deads confidence to consisted within 18 100
Z	9
1810	A LANGE
2	9
$\cap$	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the beam certaincale de executed within 24 from Beath. Fage o may de feranted of	pinou	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	fled
e lete	e 5 s		not
lidy D	pag,		t be
0	ector		Ē
740	al dir		Iner
negilli	fune		жаш
ane	y the	noval.	gale
SID	F	r ren	led
E	filled	00, 0	hen
Olline A	etefy	ешар	nt. 1
M Da	ldmo:	al, cn	eve
xecui	and c	pnu	atic
9	cian	ior to	DUE!
Cale	physi	пе рг	ner t
Cert	guipi	Hygie	r ot
Jean	atte	ental	٦. 0
me	y the	d Me	P.
IN ST	d be	th ar	AUR
duires	1 Sigr	Hea	DWS
w rec	beer	pt. of	3 sh
ne la	e has	e De	m 2
2	ficati	Stat	r Ite
SICI	cert	h the	d. n
E	r this	h wit	arke
DIN	: Afte	deat	E
UIEN	CTOR	after	200
OH /	DIRE	hours	fem
PITAL	RAL	22	1
28 28 28 28 28 28 28 28 28 28 28 28 28 2	FUNE	withi	TAN
H	표	filed	POR
2	2	å	3
1	ď	À	5
	4 (	'	r.

2. DATE OF DEATH MONTH <u>H.erbert</u> 20PM ROBERT JOHNSON 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) MONTHS DAYE HOURS MIN. 1 X M 2 - F 42 YRS. 216-50-5256 Washington, DC 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH PRINCE GEORGES HOSPITAL CENTER **CHEVERLY** PRINCE GEORGES DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Largo 1X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? **FUNERAL** 101, ZIP COOF 607 Castlewood Place 20772 U.S.A. 11. MARITAL STATUS 14. RACE — American Indian, Black, While, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-FORCES? 1V YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Ricen, etc.)

1 ☐ YES 2 ☒ NO Specify: 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced Vietnam **Black** 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Fiementary/Secondary (0-12) College (1-4 or 5+) 12 Plumber Prince George's County 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert H. Johnson, Sr Caroline Green 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Boute Number City or Town, State, Zio Code) 9 Wilma Johnson 607 Castlewood Place, Largo, Maryland\_ 20772 20s, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametary crematory or 20c, LOCATION — City or Town, State Burtist 2 Coffees Maryland State Vets. Cemetery
| 22. NAME AND ADDRESS OF FACILITY Cheltenham, Maryland OF Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** interval Batween wock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) stor lis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpetlant 2 ER/Outpetlent 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER; On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 098 5-4-90 2 30, NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 65 Riverdale 60 32 ANGISTINA'S SIGNATURANDED 790

ä		-
ctor.		ISPU
dire		10
eral		들
e fun	_;	exa
y th	DOVA	Ea .
d Fi	L'en	60
pelli	n. 0	8
ely f	Jatio	=
plet	Сгеп	E
COL	ja.	5
and	pa	를
ian	37 to	5
hysic	Pri	
D 01	jiene	틝
ndir	ž	5
atte	ental	₹
/ the	N P	륄
d b	h an	=
signe	Healt	12
een	10	Sho
as p	Dept	narked, or item 23 shows any injury, or other traumatic event, the medical ex
ate	tate	티
rtific	S au	9
S Ce	th th	B.
ir th	W U	ar
Afte	deal	틟
TOR:	ther	8
REC	SIT	E
0	100	=
ERA	7 1	=
FUN	With	M
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must t
2	20	E

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT OF CERTIFICATE O		ENTAL HYGIENE REG. NO.	•	
1. DEGEDERATION NAME (First, Middle II SAIAH H.	JONES		2	N. DATE OF DEATH	1990	3. TIME OF DEATH 3:14 p.m M
4. SOCIAL SECURITY NUMBER  217- 24- 7152  9a. FACILITY NAME (If not institution, THE JOHNS HOL	1 ☑M 2 □ F 60		HOURS MIN.		929 Burke	PLACE (State or Foreign y) PS Gardnen, V EATH
THE JOHNS HOP THE THE THE THE THE THE THE THE THE THE		BALTII			BALTIMOR	E CITY  10d. INSIDE CITY LIMITS?
	shington	Boonsbord	10f. ZIP CODE		10g. CITIZEN OF V	
10. STREET AND NUMBER  124 S. M  11: MARITAL STATUS  1 Never Married  2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO If yes	21713 DECENDENT OF HISPANIC specify Cuban, Mexican, I (ES 2X) NO Specify:		U. S. or No.  14. RACE Black Speci	— American Indian, c, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last Honoray, Doldon		16e. DECEDENT'S USUAL OCCUP. (Give kind of work done during life. Do NOT use retired.)  Carpenter		Dublic (	INESS/INDUSTRY	aintenance
17. FATHER'S NAME (First, Middle, Last Henry Bolden	,	Carpenter	The state of the s	(First, Middle, Maiden :	Surname)	incenance
THE ILLY BOTGET  19a. INFORMANT'S NAME (Type/Print)  The Ima D Jone  30a. METHOD OF DISPOSITION  4 Donatton 5 Other (Specify)	Removal from State	PLACE OF DISPOSITION (Name of other place)  STOWNSVille Hat	ain St Bo cometery, cremetory or s. Cemeter	ponsboro 20c. Loc y Brow	Maryland CATION — City or To	
21. SIGNATURE OF FUNERAL SERVI	alw Handle		FUNERAL HON	7606 I	Boonsbord	
23. PART I. Enter the diseases shock, or haert fal IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	s. My Cord			aa cardiac or reapl	ratory arrest,	Approximeta Interval Between Onset and Deati
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	· Perimer	consequence op:  CONSEQUENCE OF:	ease Disease " Auch	Rust Ar	try Thro	6 mos 2 days mossis 1 day
	ditions contributing to death b  4/28/90 Ar-A  4/29/90 Ar-A	ut not resulting in the underto - much ly-po		24a. WAS AN PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investig.	HOSPITAL:	OTHER: 4   Nursing  28b. TIME OF (NJURY)  28c.	NPLACE OF DEATH (Checked)  fome S Residence & INJURY AT WORK?  YES 2 NO		NJURY OCCURED	
	ot be buttding, etc. (Spec	— At home, farm, street, factory, cffy)	office	281. LOCATION (Street a City or Town, State)		Route Number,
one) 2 MEDICAL EX	PHYStCIAN: To the best of my know AMINER: On the basis of axamination					a) and manner as stated.
29% SIGNATURE AND TITLE OF CEI	M WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	29c. LICENSE NUMB	DER	≥ 4/29	(Month, Day, Year)
THE JOHNS HOPK	INS HOSPITAL 6	00 N. Wolfe St	reet, Balti	more, Mar	yland 21	205
MAY 01'90	Julia Davidson	~ Gandell				

TSJ 35 EP

H

DHMH-18 Rev 1/89

			FOR STATE REGISTRAR	STATE OF MARY			IENT OF H			YGIENE REG. NO.			
			1. DECEDENT'S NAME (First, Middle, Lest)	Panie	el Jy	5.6 D	ohns Š		2. DATE OF MONTH	DEATH DAY		EAR	TIME OF DEATH
(	2	)	212-03-2807	1)X M 2 🗆 F 7	E (In yrs. last birt		UNDER 1 YEAR NYHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De	ay, Ybar)		Country)	ce (State or Foreign
4	2.3	OR	98. FACILITY NAME (If not Institution, give atre Washington Cour		.1	1	ary, rown o	OR LOCATION OF D	EATĤ		9c. COUNTY	OF DEATI	н ,
*	<del>-</del> -	5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY				OWN OR LOCAT	• •			, ,		I, INSIDE CITY
	it. Pages	DIRECTOR		ngton	5.50		sboro	ion					LIMITS?
	alt permit.	RAL	100. STREET AND NUMBER 21859 Boonsbord	Mountain	P.d.		101	21713			10g. CITIZEN		
46	attending priysician. se as the burial-transit	FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	)	13. WAS OEC	ENDENT OF HISPA ecity Cuban, Maxic	NIC ORIGIN? (S an, Puarto Rica	Specify Yea in, etc.)		RACE — Black, W	American Indian,
21203-3146	use as the	ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUC		e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUS			INESS/INDUS	Whit	e			
212	10 to	COMPLET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do	NOT use re	done during mo dired.)		Ноз	tina	s. Pof	Frian	eration Co.
Q.	detached once.	MO	17. FATHER'S NAME (First, Middle, Last)		Tidelia	MITCO	II LISCI	18. MOTHER'S NA				rige	eraction co.
ر لے	ज ह	E C	William A. John	ıs					la Cord			ton	
MARY	5 should notified	TO BE	19a. INFORMANT'S NAME (Typo/Print)  Robin Laine Joh	ns				St., Pu	Route Number,	City or Town	, State, Zip Co	de)	33
	bage page		29a. METHOD OF DISPOSITION		20b. PLACE OF	DISPOSITIO		metery, crematory or	TCGII	-	ATION - City		
E .	ector, pa		4 ☐ Burlel 2 ☐ Cremetion 3 ☐ Remote 4 ☐ Donation 5 ☐ Other (Specify)	and from Ctate	Meadown						ridge,		
N I	funeral director, page xaminer must be		21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE PANTI	13, 80	\	22. NAME AN	ND ADDRESS OF F	ACILITY				o Pike
MA .	the fune oval.		John H. Bast,	Jr.	dostol	,	BAST	FUNERAL	HOME,				
	in by		23. PART I. Entar tha disessas, or co shock, or hsart fallura. L.			. Do not							Approximsta Intsrval Batween
J	fion,		IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE C	12010-1	KESP1	MATON	PAIL	UNG				Onset and Daath
3146,	5 5 - 6 E	_									- 0		V. The c
-	or to bu	ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUE		PULMON	MAG VIS	CAG, 5	eve!	4 5		76445
O. BOX	er uncare the execution ing physician and congress of the prior to burist other traumatic	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST	DUE TO (OR A	S A CONSEQUE	NCE OF):						-	
<b>d</b>	the attending Mental Hygie Ijury, or oth	E	d										
RDS,	y is	MEDICAL	PART II. Other significant conditions  NONE	contributing to dasti	but not read	uiting in t	ha underlyln	g cause given in		PERFOR	MED?	AM CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE
	n: The law requires un ficate has been signed State Dept, of Health Item 23 shows an									_ 1E3 Z	III NO		DEATH?  YES 2 NO
1 4	Dept.	AN	25. WAS CASE REFERRED TO MEDICAL	<del></del>			26 0	LACE OF DEATH (C	beak anhi asa)				
VITAL	certificate ha the State D	PHYSICIAN:	EXAMINER?	HOSPITAL:	Outpatient 3 🗆		THER:	ne 5 🗆 Raeldanca		ipecity)			
OF.	this with	ву РНУ	27. MANNER OF DEATH  1 Maturel 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	ur)	8b. TIME O	Y WC	JURY AT ORK? YES 2 NO	28d. DE\$CR	IBE HOW II	NJURY OCCUP	RED	
DIVISION	TOR: A after d		3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJU building, atc. (S	JRY — At home, Specify)	, farm, stre	et, factory, offic	en .		ON (Street a Town, State)	and Number or	Rural Rout	e Number,
ā	TO THE HOSPITAL DIR A TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If item	COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFICATION OF THE CER										d menner as stated.
	THE FUN THE FUN ORTAN	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU					onth, Day, Year)
	E E S S	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 2	7) (Type, Pri	int)	2010			04	-18	-90
			BARRY M. COLLET	und, 33	9 G.	May	767W	451	Moor	W/2	Repl	ud,	21740
		,	APR 19 '90	Julia David	IGNATURE								
_			100	.0									

TO BE COMPLETED BY FUNERAL DIRECTOR

13146,
BOX
P.O.
RECORDS,
VITAL
OF
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	_	0	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTME	NT OF HEALTH AND MENTAL	HYGIENE
CERTIFICA	TE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	SIAIE UF		ARTMENT OF IFICATE OF		ENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle	le, Last)	500			2. DATE OF DEATH		3. TIME OF DEATH
<u> </u>	Robert	Delbert	Jacks		May 9, 19		1735 M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthde			7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
213-30-0179 90. FACILITY NAME (If not institution	1 M 2 F	61 YRS		OR LOCATION OF DEA	March 28-	1929 1	Maryland
Calvert Memo		-1		ce Frederi			
RESIDENCE OF DECEDE		ar	Prin	ce rrederi	rck	C.	alvert
10a. STATE 10b.	COUNTY	10c.	CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
Maryland	Calvert		Prince F	rederick			1 - YES 2 - NO
10e. STREET AND NUMBER			1	Of. ZIP CODE			OF WHAT COUNTRY?
405 Dorsey F	Road			20678		U:	SA
11. MARITAL STATUS	EODOESS	NT EVER IN U.S. ARMED		CENDENT OF HISPANIC pecify Cuban, Mexican,		or No- 14. I	RACE — American Indian, Black, White, etc.
1 \( \overline{\chi} \) Never Merried 2 \( \overline{\chi} \) Merri 3 \( \overline{\chi} \) Widowed 4 \( \overline{\chi} \) Divorced	IF YES, GIVE	WAR OR DATES		S 2 NO Specify:			Specify:Black
15 DECEDEN	T'S EDUCATION	16a DECEDEN	IT'S USUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUST	RY
(Specify only high	est grade completed)	(Give kind	of work done during n Trune retired.)		100. 1010	JII. LOG/III. DOG/II	.,
Elementary/Secondary (0-12)	College (1-4 or 5	Farm	ner		Tobac	co	
17. FATHER'S NAME (First, Middle,	Lest)			18. MOTHER'S NAM	E (First, Middle, Malden	Surname)	
Ford Jacks				Ethe	l Mackall		
19a. INFORMANT'S NAME (Typa/Pr	rint)	19b. MAIL	ING ADDRESS (Street	and Number or Rural Ro		n, State, Zip Cod	0)
Ethel Long		405	Dorsey R	oad Princ	e Frederi	ick Md	20678
20e. METHOD OF DISPOSITION		20b. PLACE OF DIS	SPOSITION (Name of c			CATION — City	
1 to Buriel 2 ☐ Cremation 3 4 ☐ Donetton 5 ☐ Other (Spec		other place)		urch Cemet	ery Prin	ce Fre	derick, Md
21. SIGNATURE OF FUNERAL SEF		110		AND ADDRESS OF FAC	ILITY		
► Alar	10.	1.6	G = = = 1	1 F 1			Beach Rd.
23. PART I. Enter the disees	2 sew	OV					derick, Md
	ree, or complications to	al causeo die deadi. L					
shock, or heart	failure. List only one ca		70 NOT WHEN THE II	iode of dying, such	es cardiec or resp	iretory erreat,	Interval Between
IMMEDIATE CAUSE (Finel		use on each line.		iode of dying, such	es cardiec or resp	iretory erreat,	
		use on each line.		iode of dying, such	es cardlec or resp	iretory erreat,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition				node of dying, such	es cardlec or resp	iretory erreat,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	a. CM DUE TO	DON AS A CONSEQUENCE	E OF):	ode of dying, such	es cardiec or resp	iretory erreat,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate	a. Cm DUE T	use on each line.	E OF):	ode of dying, such	es cardiec or resp	iretory erreat,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	O (OR AS A CONSEQUENCE	£ OF):	ode of dying, such	es cardiec or resp	Iretory erreat,	Interval Between
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	DON AS A CONSEQUENCE	£ OF):	ode of dying, such	es cardiec or resp	Iretory erreat,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONSEQUENCE	£ OF):	ode of dying, such	es cardiec or resp	Iretory erreat,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO  C. DUE TO  d.	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	€ OF): € OF):			I AUTOPSY	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO  C. DUE TO  d.	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	€ OF): € OF):		Part I. 24a, WAS AN	I AUTOPSY RMED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO  C. DUE TO  d.	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	€ OF): € OF):		Part I. 24a. WAS AN	I AUTOPSY RMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO  C. DUE TO  d.	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	€ OF): € OF):		Part I. 24a. WAS AN	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO  C. DUE TO  d. DUETO	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	E OF): E OF): ing in the underlying in the under		Part I. 24a. WAS AP PERFO 1 \( \text{ YES } \)	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.	DUE TO DU	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	E OF): E OF):  If of the underlying in the under	ing cause given in F	Part I. 24a. WAS APPERFO	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent continuous cause. Enter algnificent continuous cause. Enter algnificent continuous cause. Enter algnificent continuous cause	b. DUE TO  C. DUE TO  d. DUE TO  d. DICAL HOSPITAL: Impatient 2  28a. DATE C	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	E OF):  E OF):  OTHER:  A	ing cause given in F	Part I. 24a. WAS APPERFO	I AUTOPSY INMED? 2 □ NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in death algnificent conditions.  25. WAS CASE REFERRED TO ME EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5  Pend	b. DUE TO  C. DUE TO  d. DUE TO  d. DICAL HOSPITAL: Impatient 2  28a. DATE C	O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O DEPLOY OF INJURY 28b.	E OF):  E OF):  E OF):  OTHER: 4   Nursing In.  TIME OF   18,000	PLACE OF DEATH (Cheome 5 - Residence 8	Part I. 24a. WAS APPERFO 1 U YES :	I AUTOPSY INMED? 2 □ NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and immediate systems.  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend investigations and investigations are resulted investigations.	DUE TO DU	O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O DEPLOY OF INJURY 28b.	E OF):  E OF):  26.  OTHER:  A 4   Nursing H  TIME OF  BNJURY M 1	PLACE OF DEATH (Checome 5   Residence 6 NJURY AT WORK?	Part I. 24a. WAS APPERFO  1 VES :  ck only one)  B Other (Specify)  28d. DESCRIBE HOW	I AUTOPSY INMED?  I NO  INJURY OCCURI	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are supported by the conditions of the co	DUE TO DU	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	E OF):  E OF):  26.  OTHER:  A 4   Nursing H  TIME OF  BNJURY M 1	PLACE OF DEATH (Checome 5   Residence 6 NJURY AT WORK?	Part I. 24a. WAS AN PERFO  1   YES    ck only one)  B   Other (Specify)  28d. DESCRIBE HOW	I AUTOPSY INMED?  I NO  INJURY OCCURI	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are caused in the cause of the c	DUE TO DU	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	E OF):  E OF):  E OF):  OTHER: 4   Nursing H.  TIME OF INJURY M 1    rm, street, factory, of	PLACE OF DEATH (Checome 5   Residence 8 NJURY AT WORK?	Part I. 24a. WAS AN PERFO  1 VES:  Ok only one)  3 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	I AUTOPSY RMED? 2 NO INJURY OCCURI	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificent or EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH 1 Natural 5  Pend Invest accident 1 Natural 2 Accident 1 Natural 3 Suicide 8 Could death 1 Check only 1 CERTIFYIN Check only 1 CERTIFYIN CERTIFY CERTIF	DUE TO DU	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	E OF):  E OF):  E OF):  OTHER: 4   Nursing H  TIME OF INJURY M 1    rm, street, factory, of	PLACE OF DEATH (Checome 5   Residence 5   NJURY AT WORK?  YES 2   NO   Rice   NO   NO   NO   NO   NO   NO   NO   N	Part I. 24a. WAS AN PERFO  1 VES:  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and me	I AUTOPSY RMED? 2  NO INJURY OCCUR!	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificent or EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH 1 Natural 5  Pend Invest accident 1 Natural 2 Accident 1 Natural 3 Suicide 8 Could death 1 Check only 1 CERTIFYIN Check only 1 CERTIFYIN CERTIFY CERTIF	DUE TO DU	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	E OF):  E OF):  E OF):  OTHER: 4   Nursing H  TIME OF INJURY M 1    rm, street, factory, of	PLACE OF DEATH (Checome 5   Residence 5   NJURY AT WORK?  YES 2   NO   Rice   NO   NO   NO   NO   NO   NO   NO   N	Part I. 24a. WAS AN PERFO  1 VES  ck only one)  B Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and mailing, date and place, e	I AUTOPSY RMED? 2 NO  INJURY OCCURI end Number or F	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the cause of the	DUE TO DU	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	E OF):  E OF):  E OF):  OTHER: 4   Nursing H  TIME OF INJURY M 1    rm, street, factory, of	PLACE OF DEATH (Cheome 5 Residence 8 NJURY AT WORK?  YES: 2 NO Rice wite and place, end due to death occurred at the to 29c. LICENSE NUM	Part I. 24a. WAS AN PERFO  1 VES  3 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	I AUTOPSY RMED? 2 NO INJURY OCCURI end Number or F	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  Rural Route Number,  Sue (e) and manner as stated.  GNED (Month, Day, Year)
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the cause of the	DUE TO DU	O FINJURY OF INJURY Dey, Year)  OF INJURY At home, far etc. (Specify)	E OF):  E OF):  THE OF:  THE OF:  THUS OF:  TH	PLACE OF DEATH (Cheome 5 Residence 8 NJURY AT WORK?  YES 2 NO fice ste and place, end due 1, death occured at the t	Part I. 24a. WAS AN PERFO  1 VES  3 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	I AUTOPSY RMED? 2 NO INJURY OCCURI end Number or F	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificent or examiner?  1	DUE TO DU	O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE	E OF):  E OF):  E OF):  OTHER: 4   Nursing H TIME OF INJURY M 1   Im, street, factory, of	PLACE OF DEATH (Checome 5   Residence 1   NURRY AT WORK?  YES 2   NO fice	Part I. 24a. WAS AN PERFO  1 VES:  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) end matime, date end place, e	I AUTOPSY RMED? 2 NO INJURY OCCURI end Number or F	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  Rural Route Number,  Sue (e) and manner as stated.  GNED (Month, Day, Year)
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in death and initiated events resulting in death) LAST  25. WAS CASE REFERRED TO ME EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5  Pend Investigation of the pend of th	DUE TO DU	O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE	E OF):  E OF):  E OF):  OTHER: 4   Nursing H TIME OF INJURY M 1   Im, street, factory, of	PLACE OF DEATH (Cheome 5 Residence 8 NJURY AT WORK?  YES: 2 NO Rice wite and place, end due to death occurred at the to 29c. LICENSE NUM	Part I. 24a. WAS AN PERFO  1 VES:  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) end matime, date end place, e	I AUTOPSY RMED? 2 NO INJURY OCCURI end Number or F	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO  Rural Route Number,  Sue (e) and manner as stated.  GNED (Month, Day, Year)

2 10 4  1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21203-3146

2 Accident
3 Suicide

4 Homicide

29b. SIGNATURE AND TITLE OF CERTIFIER

APR

NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year)

29a. CERTIFIER (Check only one)

BARRY

BY

COMPLETED

BE

0

COLOTOIG
TACTION YOU
COLUMN TATA
0
-
TO THE OWNER OF THE PARTY OF TH
- 1

- 1	1. DECEDENT'S NAME (First	t, Middle, Last)							
	CAMARA		Edward	Ge	or.ge	Ja	nos		
	4. SOCIAL SECURITY NUM	BER	5. SEX		in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER
	218-07-54		1   M 2   F	1	5	YRS.			
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCAL								
<u> </u>	Anne Arun	del M	edical	Cen	ter			An	napo
DIRECTOR	10a. STATE	10b. COUNTY	Y			10c. CIT	Y, TOWN	OR LOCAT	ION
	Maryland	Oue	en Anne	¹s		St	eve	nsv	i 11e
7	10e. STREET AND NUMBER	_ ~							. ZIP COD
FUNERAL	701 Cla	iborn	e Road						2
5	11, MARITAL STATUS	307 EG	12. WAS DECEDEN	T EVER IN	U.S. ARN				ENDENT (
84	1 Never Married 2 X		FORCES? 1		TES	•			2X NO
ED B		CEDENT'S EOU	WW I	I	46 DEC	EDENT'S	lienal o	COLIDATIO	NA.
ELE	(Specify on	ly highest grade	completed)		(GA	e kind of a Do NOT us	vork done e retired.)	during mo	st of worki
2	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	Chi	lef	Dep	uty	Cle
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)			SIII	eri			18. MOT
BEC	Matthew	Jano	S						
0 8	19a. INFORMANT'S NAME (	Type/Print)			19b	MAILING	ADDRES	S (Street a	nd Numbe
F	Gertrude	M. J	anos			701	Cla	ibo:	rne
	20a. METHOD OF DISPOSIT 15 Burial 2 Cremate	FION on 3 $\square$ Rem	oval from State	20b	other ple	OF DISPOS	SITION (N	ame of cer	netery, cre
	4 Donation 5 Othe			Mo	ost	Hol			
	21. SIGNATURE OF FUNERA	AL SERVICE LI	0/1/	1					He]
	Morna	05/6.9	4d feel	6				Rt.	1
	23. PART I. Enter the c		complications the				not enter	the mo	de of dy
	IMMEDIATE CAUSE (FI		can only one can	on e	acii iliig.				
	disease or condition	$\rightarrow$	1/055	SICI	110	8	C+F	TAS	up
		,	6. 120.0	~~~	JCH	1		3	
- 1		ŕ	DUE TO	(OR AS A	CONSEC	UENCE O	F):		-
NO	Sequentially list condi		DUE TO	(OR AS A	MY	OCA	n: IRA		I
ATION	if any, leading to imme	edlete	b. ACUT	(OR AS A	MY CONSEQ	OUENCE O	F): PA F):	TAL	Z
FICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj	rING	b. ACUTO DUE TO	(OR AS A	MY CONSECUTE	OUENCE O	n: IRA n: GAR	TAL	JI
RTIFICATION	if any, leading to imme cause. Enter UNDERLY	ediete /ING ury	b. ACUTO DUE TO	OR AS A	MY CONSECUTE	OUENCE O	n: IRA n: GAR	TAL	DI
뜅	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reculting in deeth) LAS	odlete (ING ury ST	b. ACUT DUE TO c. I SC! OUE TO d.	O (OR AS A	CONSECUTE CONSEC	DUENCE O	n: PRD: n: GAR	IA L	DI
뜅	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	odlete (ING ury ST	b. ACUT DUE TO c. I SC! OUE TO d.	O (OR AS A	CONSECUTE CONSEC	DUENCE O	n: PRD: n: GAR	IA L	DI
CAL CE	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reculting in deeth) LAS	odlete (ING ury ST	b. ACUT DUE TO c. I SC! OUE TO d.	O (OR AS A	CONSECUTE CONSEC	DUENCE O	n: PRD: n: GAR	IA L	DI
MEDICAL CE	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reculting in deeth) LAS	odlete (ING ury ST	b. ACUT DUE TO c. I SC! OUE TO d.	O (OR AS A	CONSECUTE CONSEC	DUENCE O	n: PRD: n: GAR	IA L	DI
IAN: MEDICAL CERTIFICATION	if any, leading to immocause. Enter UNDERLY CAUSE (Disease or inj that initiated events recuiting in deeth) LAST PART II. Other algnific	ediete /ING ury ST	b. ACUT DUE TO c. I SC! OUE TO d.	O (OR AS A	CONSECUTE CONSEC	DUENCE O	n: PRD: n: GAR	I A ∪	DI
CIAN: MEDICAL CE	if any, leading to immediate. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LAt PART II. Other algnific	ediete /ING ury ST	b. A CUT DUE TO C. I SCA OUE TO d	O (OR AS A	CONSECUTION TO THE PROPERTY OF	DUENCE O	F):  CAR F):  In the u	LAU	g ceuse
MEDICAL CE	if any, leading to immocause. Enter UNDERLY CAUSE (Disease or inj that initiated events recuiting in deeth) LAST PART II. Other algnific	ediete /ING ury ST	DUE TO b. ACUT DUE TO c. J SCA OUE TO d. HOSPITAL: 1 I patient 2	O (OR AS A	CONSECUTION TO THE PROPERTY OF	DUENCE O	OTHE	TAC	DI'

lulia Davidson-Randall

		STAT	E OF N	/ARYL							MEN	TAL HYGIEN	E		0 13070	
R CERTIFICATE OF DEATH  REG. NO.  2. DATE OF DEATH 4/15/90 3. TIME OF DEATH MONTH  MONTH  3. TIME OF DEATH															3. TIME OF DEATH	
Edward George Janos Apeli 15 / 970														Trexa	12:50 AN	
RITY NUMB	ER	5. SEX						IF UNDER 1 YEAR		IF UNDER 24 HRS.		7, DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
7-5445		1,Q,M	M20F 75			YRS.	YRS. MONTHS D		'S HOURA MIN.		(Month, Day, Year) 12/31/14		,	Baltimore MD		
ME (If not institution, give street and number)							9b. CIT	Y, TOWN	OR LOCATI	ON OF OR		2/3//		NTY OF DE		
	del M	Medi	cal	Cen	ter			Annapolis				Anne Arundel				
Ī						10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
and Queen Anne's						St	Stevensville						1 YES 2 NO			
NUMBER							10f. ZIP CODE				10g. CITIZEN			IZEN OF W	VHAT COUNTRY?	
Claiborne Road									21666				U.S.A.			
TUS 12, WAS DECEDENT EVER IN U.S. ARME														14. RACE	- American Indian,	
d 2 📉			FORCES? 1 VES 2 No IF YES, GIVE WAR OR DATES			Ю				pecify Cuban, Mexican, Puerto S 2X NO Specify:			Specify:			
4 Divo		I									white					
15. DECEDENT'S EOUCATION (Specify only highest grade completed)					(GI	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of				ing		16b. KIND OF BUS	SINESS/INDUSTRY			
condary (0	-12)	College	llege (1-4 or 5+) Ch:			ief Deputy			Clerk						, ,	
			L Superior Court						State of Maryland							
ME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)																
Thew Janos Mary Derda  S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, Stets, Zip Code)																
		Iano	C .												MD 21666	
DISPOSITI	rude M. Janos 701 Claiborne Road, Stevensville, MD 2166  DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Steels															
	n 3 🗆 Rei	moval fron	n State		other ple	ice)										
	L SERVICE L	JOHNSEE/		1 TATO	OSL	HOI	22	NAME A	ND ADDRE	SS OF FA	CILIT	renv	Bal	TIM	ore City	
1/	100	0//	11/	1									eral	Hor	mes, PA	
13214	7/2.5	411	Merch	6				Rt.	1	Box	6	6B, Che	este	r, l	MD 21619	
							not ente	r the mo	ode of dy	ing, suc	h ee	cerdiec or reepl	retory er	rest,	Approximete interval Between	
AUSE (Finel												Onset and Death				
ondition  on VENTRICULAR FIRRILL ATION  Due to (or as a consequence of):  10 M												10 MIN				
			DUE TO	(OR AS A	CONSE	DUENCE O	(F):	. 0	-				1		71	
et conditi	iona,	b	CUT	C AC AC	CONSE	OC/	1KD	IH	1	NFZ	12	CTION			/ days	
to imme	diete	-	DOE 10	(UH AS A	CONSE	DENCE U	1000	-	A-						Voc	
se or inju		c.	OUE TO	OR AS A	CONSE	DUENCE O	GHI:	<7_	1)1	SEF	75				IF3	
to immediate process of the immediate process																
0.																
algnifica	nt condition	ona contri	ibuting to	deeth b	out not r	eeulting	in the u	ınderlyir	ng ceuse	given in	Part	i, 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
												1 _ YES 2  NO			COMPLETION OF CAUSE OF DEATH?	
															1  YES 2  NO	
FERRED T	O MEDICAL		/						LACE OF	OEATH (C/	neck o	nly one)				
110			Patient 2	☐ ER/Outp	patient 3	□ DOA	4   No		ma 6 🗆 F	taaldence	6 🗆	Other (Specify)				
DEATH	C. C. C.	28	28a. DATE OF INJURY (Month, Day, Year) 26b. TIM					ME OF 28c. INJURY AT WORK?				28d. DESCRIBE HOW INJURY OCCURED				
5 Pending Investigation								M 1 YES 2 NO								
	Could not be	28	a. PLACE ( building	. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
•	detarmined															
1 CERT	TIFYING PHY	SICIAN: To	the best o	f my know	riedga, de	ath occur	red et lhe	Ilme, dat	a and plac	a, and du	lo Ih	e cause(a) and ma	nner aa at	sted.		
2 MED	ICAL EXAMI	NER: On the	e basis of	exeminatio	n and/or	Investigati	on, In my	opinion,	death occ	ured at the	lime,	, data and place, ar	d due to	the cause(s	a) and menner as stated.	
ANO TITLE	OF CERTIF	IER	7						29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
ZR.	Va	Cha	Mes	3-2	Mil	)			100	234	54	/	•	4/19	5/90	
DDBESS O	E PERSON V	VHO COMPI	LETED CAL	ISE OF DE	EATH (ITE	M 27) (Typ	e, Print)			2						
R. N	ATHAI	050M	) m	A.	51	FR4	11/K	CI	NS	57.	A	MUAP.		an	21401	
Month, Day,	Year)	32	REGISTR	AR'S SIGN	NATURE	-					-		)			

efei! 1"

6

		3 should	
		ID THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funear director, have	
16	ohysician.	burial-transit pen	
BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may b	for use as the	
RYLAND	Dame.		led Month
DRE, MA	6 may be i	ctor, page 5	nust be not
BALTIMO	ter death. Page	the funeral dire	State Days, or regul and mental regions prior to bornes, or territors. Item 23 shows any Injury, or other traumatic event, the medical examiner must be not necessarily.
	urs af	ed in by	medica
6,	within	pletely fill	rent, the
1314	executed	and com	matic en
BOX	tificate be	physician	ther trau
, P.O.	death cer	attending	iry, or o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	s that the	ned by the	any inju
REC	w require	been sig	3 shows
/ITAL	AN: The la	ificate has	r item 2
OF \	PHYSICIA	this cert	arked, o
SION	TENDING	TOR: After	28 is m
DIV	OR A	DIREC	item item
	M	3	7 =
	HE HOSPITAL	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the it	IMPORTANT: If item 28 is marked, or it

REGISTRAR			CHILI	CALL	OF	DEATR	HEG. NO	).		
1. DECEDENT'S NAME (First, Middle, LA CONNIE FRA		ISON					2. DATE OF DEATH MONTH 4 - 2	6 -9	90 YEAR	3. TIME OF DEATH 11:00 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHP	LACE (State or Foreign
243-62-0128	1 □ M 2 🔀 F	53	YRS.	MONTHS	DAYS	HOURS MIN.	8/21/36			ington, N.
98. FACILITY NAME (If not institution, g 4007 - 21st St						Hills, Ma			G.G.	ATH
RESIDENCE OF DECEDENT			_							
MD 106. COL	.G.			y, town or emple		lls, Mar	yland			10d. INSIDE CITY LIMITS? 1 YES 2 NO
4007 - 21st Pl	ace				101	20748		10g. CIT	U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced		TEVER IN U.S. A YES 2 X	2 NO If yes, specify Cuban, Maxic				n, Puerto Rican, atc.)	na or No		- American Indian, White, etc.
15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	16e. D	ECEDENT'S	USUAL OC	CUPATIO	ON et of working	16b. KIND OF B			
Elementary/Secondary (0-12) ()-12	College (1-4 or 5	+)	fe. Do NOT us	se retired.)		ordinato	Federa r USAID,			ent
17. FATHER'S NAME (First, Middle, Last					_	40 MOTHERIO NA	ME (First, Middle, Maide	. 0		
Lossie Dixon							ia Burnett			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	AOORESS	(Street a	and Number or Rural	Route Number, City or To	wn, State, Zi	p Code)	
William E. Joh	nson						emple Hill			
20a_METHOO OF DISPOSITION 1 Description   Method	Removal from State	20b. PLACI	place) Ma	SITION (Name to )	ry	chape I			city or Tow	
1. SIGNATURE OF INERAL SERVIC	LICENSEE	6//	A				con Funera oe Road, S		-	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	- h	O (OR AS A CONS		P):						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	EOUENCE O	F):						
PART II. Other significent cond	tions contributing to		t resulting	in the un	deriyin	g cause given in		N AUTOPSY DRMED? 2 NO		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL						LACE OF DEATH (C)	neck only one)			
1 TES 2 NO	HOSPITAL:	☐ ER/Outpetlent	3 DOA	OTHER		ne 5 Residence	6 Other (Specify)			
27. MANNER OF DEATH	26a. DATE O		26b. TIM	_	28c. IN.	JURY AT DRIC?	26d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investigat 3 Suicide 6 Could no	28e. PLACE	OF INJURY — At I	home, farm,	street, facto		YES 2 NO	261. LOCATION (Street		er or Rurel R	oute Number,
4 Homicide determine	d	, etc. (Specify)					City or Town, Sta			
Conson only	HYSICIAN: To the best of MINER: On the best of									and manner as stated
296. SIGNATURE AND TITLE OF CERT	OFFIER OF	Do		7		29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
39. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	JSE OF DEATH (IT	TEM 27) (Type	n, Print)		//3	0		1-0	, , , ,
SENNETH G	oldsto	2111	m.	D	2	141 K	STNU	146	63 1	0.02003
1. OHANLED Month, 30 cer)	guiarlan	AB'S SIGNATURE	الماك						,	

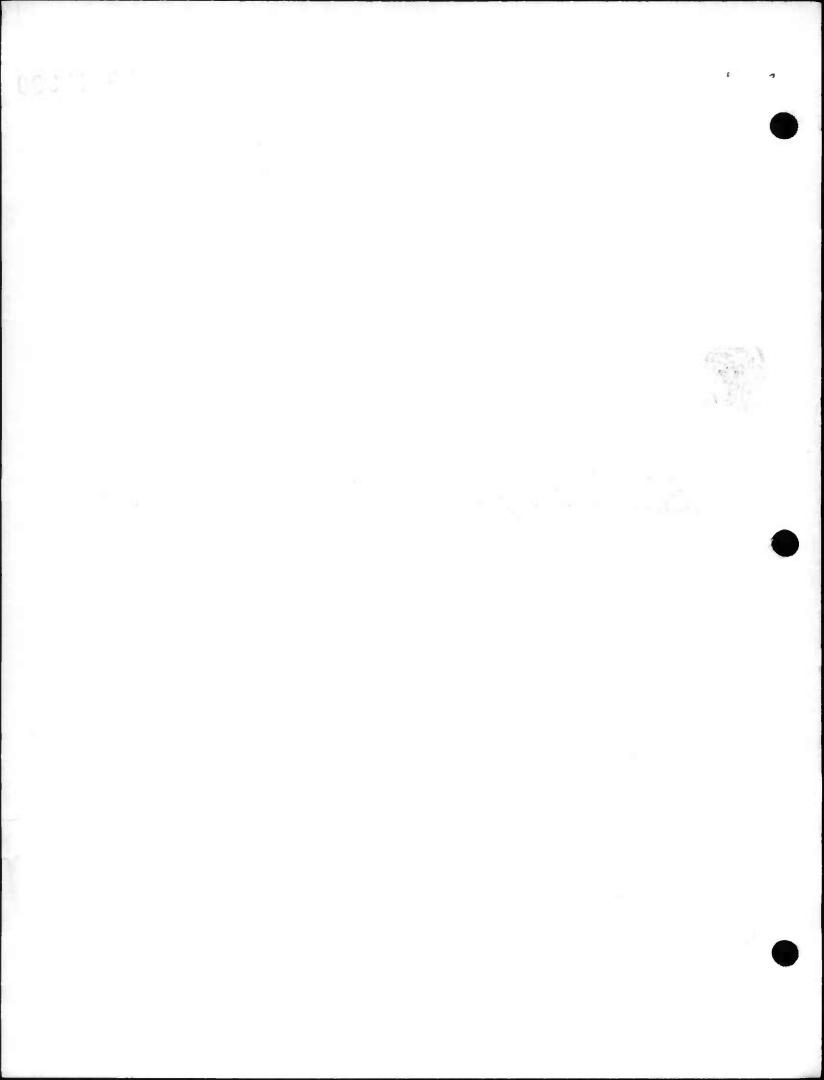
DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

rours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-26urs after death. Page 6 may be retained by the into THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the theorem of ector, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the control of the

(8)

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF			WEAR	3. TIME OF DEAT	N
1	KATHLEEN JA	CKSON							MONTH 0.5	0.1	W.	YEAR Q ()	8:21 PM		
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs.	last birthday)		1 YEAR	_	R 24 HRS.	7, DATE OF	BIRTH		8. BIRTI	HPLACE (State or For	eign
	223 16 3427		1 🗌 M 2 🔀 F	72	72 YRS. MONTHS DAYS HOURS I				MIN.	04/18			Count	NEW YORK	
	9e. FACILITY NAME (If not in	ititution, give st	reet and number)			9b. CIT	r, TOWN	R LOCAT	ION OF DE			9c. COL	INTY OF E	DEATN	
S.	GREATER BAL	TIMORE	MEDICAL	CENTER	2	TO	WSOI	J				RAT	TIMO	nr F	_
DIRECTOR	RESIDENCE OF DEC					Y, TOWN									=
E I	A SECTION .		ST. MAR	Y'S	100									10d, INSIDE CITY LIMITS?	
	MD 10e, STREET AND NUMBER	PEGN	ARDTOWN		<u> </u>	LEONA		OWN	\F			40- 017	TITEN OF T	1 TYES 2 X	NO
RA	10 A SOCIET	י ידי ע	DOAD				100					10g. CI			
FUNERAL	11. MARITAL STATUS	I HILL	12, WAS DECEDEN	T EVED IN II S	ADMED	13	WAS DEC	206		IIC ORIGIN? (S	nacity Vac	or No.	U.S.	. A . E — American India	
F	I Never Married 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Cuben, Me   IF YES, GIVE WAR OR DATES   1 YES 2 NO So										n, etc.)	0, 1,0	Blec Spec	k, White, atc.	I
BY	3 Widowed 4 Divorced												White		
ED	15. DEC	EDENT'S EDUC	CATION completed)	15e.	DECEDENT'S	USUAL C	CCUPATIO	ON at of work	ina	16b. Kil	ND OF BUS	INESS/IN	DUSTRY		
A.	Elementary/Secondary (0		College (1-4 or 5		life. Do NOT u	se retired.)									i
-			2		HOMEN	1AKEF	₹								
0	17. FATHER'S NAME (First, M.	= N.C.						200		ME (First, Mide		Surneme)			
쌤	CHESTER A.		R	т-						V. CO					
2	MURRAY E. J		•										,	20650	
	20e. METHOD OF DISPOSITI			20b. PLAC	E OF DISPO					, LE				O. 20650	—-
	1X Buriel 2 Crematio	n 3 🗌 Reme	oval from State	other	place)	-		motory, cro	anatory or					N, MD.	- 1
	21. SIGNATURE OF FUNERA		ghyl	ST. ALOYSIUS  22. NAME AND ADDRESS OF FACILITY									DIOWI	110.	-
	Sollowell	111 1	Danes	/						INERAL	_				
-	23. PART I. Enter the di	W. F	2188M	~	distribution Dis					LEON.					
	ahock, or h	ert failure.	List only one car	ise on aech li	na.	not anta	r tha mo	raa or a	ying, suc	n aa cardiet	or reepi	ratory a	rrest,	Approxima Interval Ba	tween
	IMMEDIATE CAUSE (Fir disease or condition	el												Onset and	Death
	resulting in death)	<b>→</b>	RESPI	RATORY	FAILURE SEQUENCE OF):									100	
_				OUS CEL			OF T	A D O T	TD C	T A STD				3 Mor	20
CERTIFICATION	Sequentially list conditi		OUE TO	(OR AS A CONS	SEOUENCE O	F):	UF F	AKUI	J.U. G	LAND					
CA	cause. Enter UNDERLY!	NG	с.												
	that initiated events reaulting in death) LAS		OUE TO	(OR AS A CONS	SEQUENCE O	F):									
ER	reauting in death, LAS		d							···					
١٥	PART ii. Other aignifice	nt condition	s contributing to	deeth but no	t reaulting	in tha u	nderlyin	g cause	given in	Part I. 24	a. WAS AN		24	b. WERE AUTOPSY FI	
MEDICAL							1,000				PERFOR			AVAILABLE PRIOR COMPLETION OF	
AED											1 YES 2 I	10			
										_					
IA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  DESCRIPTION:  26. PLACE OF DEATN (Check only one)														
SIC	1 TES 2 NO		HOSPITAL:	3 🗆 DOA	4 Nu		ne 5 🗆 1	Residenca	6 Other (S	(pecify)					
PHYSICIAN:	27. MANNER OF DEATN	28b, TII	ME OF JURY	28c. IN	JURY AT		28d. DESCR	IBE HOW I	NJURY O	CCURED					
ВУ	1 Natural 5 2 Accident		M	1 🗆	YES 2	□ NO									
	3 Suicide 8	home, farm,	street, fa	ctory, offic	e			ON (Street of fown, State)		er or Rural	Route Number,				
E	4 Homicide detarmined														
PL	COLLOCK OLDS	IFYING PNYS	CIAN: To the best o	f my knowledge,	death occur	red at the	time, dat	end plac	e, end due	to the ceuse	(e) end me	nner aa st	ated.		
COMPLETED	one) 2 MED	ICAL EXAMINE	R: On the basis of o	examination end/	or investigati	on, In my	opinion,	death occ	ured at the	time, date en	d place, er	d due to	the ceuse	(e) end menner es s	tated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	1 10					29c. LI	CENSE NU	MBER		29d. D/	TE SIGNE	O (Money, Opic, Year)	
TO B	6,1	- (X	- 10					P	277	30				12/99	
-	30. NAME AND ADDRESS OF													1	
	DR COHEN	6/01	N CHARLE	S STRE	ET '	TOWS	ON M	D 2	1204		GBMC				
	31. DATE FILED (Month, Day,	190	Sulia L	AR'S SIGNATUR	andale	0									



3. TIME OF DEATH

DHMH-16 Rev 1/89

5:45

8. BIRTHPLACE (State or Foreign

4. SOCIAL SECURITY NUMBER

212 28 9287

KATHRYN

Shelton

5. SEX

1 M 2 F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

**JOHNSON** 

YRS.

6. AGE (In yrs. lest birthday)

58

2. DATE OF DEATH MONTH MAY 6

7. DATE OF BIRTH (Month, Day, Year)

Aug.

25,

1990

1931

6,

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	212 28 9287	X,	58	ino.				Aug.	25, 1	.931	Anna	polis,MD
	9a. FACILITY NAME (If not institution				9b. CITY,	TOWN OR LOC	ATION OF				TY OF DEATH	
<u>بر</u>	THE JOHNS HO	PKINS HOSPITA	\L		BA	LTIMOR	E			BALT	IMORE	CITY
KI	RESIDENCE OF DECEDE											
Ĭ,		COUNTY				R LOCATION					10d	. INSIDE CITY
DIRECTOR	MD	Anne Arunde	1	Lo	thian	n					1.0	LIMITS?
	10e, STREET AND NUMBER					10f. ZIP C	ODE			10a, CIT17	EN OF WHAT	
RA	332 Marlbo	oro Rd.				207				199. 01116		USA
FUNERAL										L,		
3	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1				WAS DECENDEN yes, specify C				or No	14. RACE / Black, Wh	American Indian, lite, atc.
ВУ	1 Never Married 2 Marrie 3 Widowed 4 Divorced	IF YES, GIVE WAI				YES 2 📉					Specify:	7 ch d h a
	1./											White
回	15. DECEDENT (Specify only highe	rs EDUCATION st grade completed)	16a. DE	ECEDENT'S Sive kind of v	USUAL OC	CUPATION luring most of w	orking	168	. KIND OF BUS	SINESS/INDU	JSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)										
P	12		1	house	wife							
COMPLETED	17. FATHER'S NAME (First, Middle, I	.est)				18. N	OTHER'S	NAME (First,	Middle, Malden	Surname)		
	George V	V. Shelton					Mabe	1 F	ord			
BE	19a. INFORMANT'S NAME (Type/Pri	nt)	19	b. MAILING	ADDRESS	(Street and Nur	ber or Ru			n, State, Zip	Code)	
2	John K. Johnson		167			10 abo						3
			006 74 407							OATIO: -	M	Charles
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3		other p	vlace)		ne of cemetery,	prematory (	or			aty or Town,	
	4 Donetion 5 Other (Speci		Hill	lcres		netery			An	napol	is, M	D
	21. SIGNATURE OF FUNERAL BEN	WIFE LICENSEE			22. N	NAME AND ADI	RESS OF	FACILITY				
	X// ///	1.11 Hr.	1	RF	F	Rausch	Fune	ral H	ome.	Owina	s, MD	20736
100	20 DATE LEVEL OF THE SECOND	ug / p	-							_		
	23. PART I. Enter the disees ahock, or heert f	ellure. List only one caus	caused the de e on each line	eath. Do i e.	not enter	the mode of	dying, s	uch as car	diec or respi	ratory arre	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	3										Onset and Death
	disease or condition - a. Oug /; cn Cycs & swa										4 years	
	DUE TO (OR AS A CONSEQUENCE OF):										• 9	
z		<b>C</b> a										
2	Sequentially list conditions,  If eny, leeding to immediate											
¥	cause. Enter UNDERLYING	J .										
Ⅱ	CAUSE (Disease or Injury that Initiated events	DUE TO (C	R AS A CONSE	OUENCE O	F):							
E	reaulting in death) LAST											
CERTIFICATION		d										
اب	PART II. Other significant co	nditions contributing to d	eath but not	resulting	in the un	derlying cau	se given	In Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
2									PERFOR		co	MPLETION OF CAUSE
ED									I I TES 2	. □ MO		DEATH?
Σ									1		1 10	YES 2 NO
Z												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:											
PHYSICIAN: MEDICAL	1 TES 2 NO	1 📑 Inpetient 2 🗆	ER/Outpatient	3 DOA	4 🗌 Nurs	Ing Home 5	Residen	ce 8 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY ( Year)	28b. TIN	IE OF	28c. INJURY A	Т	28d. DE	SCRIBE HOW	NJURY OCC	URED	
	1 Netural 5 Pendi	ng (mortin, ba)	/	1	M		2 🗌 NO					
ВУ	2 C ACCOUNT	28e, PLACE OF	INJURY — At h	ome, farm,	street, facto	ory, office			CATION (Street		or Rural Route	Number,
City or Town, State)												
29a. CERTIFIER (Chack only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as atsted.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as												
1 <u>P</u> L	(Check only											
O	2 MEDICAL	EXAMINER: On the basis of exa	mination and/or	r investigati	on, in my o	pinion, death o	ccured at	the time, dat	e and place, er	nd due to the	e cause(a) an	d manner as stated.
C	29b, SIGNATURE AND TITLE OF C	ERTIFIER				29c.	LICENSE	NUMBER		29d. DATE	SIGNED (Mo	rith, Day, Year)
0.00			- 1 Call	1							16/93	
BE	Alich in the second	. A I A I A A A A				1/-1	817					
	Michael Charlett	MAIPLO Med.	OF DEATH AT	EM 27 /5:	Doj-ol	TP.	217				16/73	•
TO BE	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Туре							16/7-	·
	30. NAME AND ADDRESS OF PER	MOIPLO Mech.  SON WHO COMPLETED CAUSE  O C U! FL 602  Sa. REGISTRAR  July Darrigh	OF DEATH (IT	ЕМ 27) (Туре				1205			76/ ) 3	<u> </u>

0.014

MANY SHARE THE BEAUTY

MENTAL HYGIENE

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH
DECEDENT'S NAME (First Middle Last)	

	1 - STATE REGISTRAR CERT		TE OF	DEATH	REG.					
- 8	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT		YEAR	3. TIME OF DEATH		
	Gravce Merriweather Jone	S			05-02-		TEAD	M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtho		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI	1 ar)	8. BIRTI Count	HPLACE (State or Foreign		
	079-24-5071 1□M2\\ 89 YR	RS.	Ino Unito	HOORS MIN.	01-02-		Rich	nmond, VA		
_	9e. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. CC	OUNTY OF	DEATH		
Ю	1502 Booker Road Shady Side Anne Arundel									
딦		: CITY, TO	WN OR LOCAT	ION				10d, INSIDE CITY		
DIRECTOR	MD Anne Arundel S	had	y Sid	е				LIMITS?		
	10e. STREET AND NUMBER	10f, ZIP CODE					10g. CITIZEN OF			
FUNERAL	1502 Booker Road			20764		Т	JSA			
S	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			ENDENT OF HISPAN		y Yea or No-		E — Americen Indien, ck, White, etc.		
	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES			Cify Cuben, Mexices NO Specify		:.)	Spec	offy:		
ВУ	3 Wildowed 4 Divorced						1	Black		
핃	(Specify only highest grade completed) (Give kind		NL OCCUPATION  Ione during mo		18b. KIND O	BUSINESS/I	INDUSTRY			
드	Elementary/Secondary (0-12) College (1-4 or 5 +)		*		011	- 0				
COMPLETED	12 EXECU	ICIV	e sec	retary	ME (First, Middle, M	e Ser				
	Unk. Merriwea	ther		Ida			7			
BE				nd Number or Rural F		r Town, State,	Zip Code)			
5	Sherman Thomas Jones 180	)1 C	lvdes	dale Pl	N.W.	Wash	ning	ton, DC		
	20e. METHOD OF DISPOSITION 20b. PLACE OF DI					c. LOCATION				
	1 Donetion 5 Other (Specify) Other (Specify)	Cre	mator	У	В	altir	nore	, MD		
	21. SIGNATURE OF, FUNERAL SERVICE COUNSEE			D ADDRESS OF FA		TT	70 7			
	Held Sett C.			esty Fu				sville. MD		
	23. PART I. Enter the diseases, or complications that caused the death.	Do not e						Approximate		
	shock, or heart failure. Liet only one ceuse on each line.		- /	/				Interval Between Onset and Death		
	disease or condition / / // // // // // // // // // // // /									
	resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions, b. Ca of Colon +/ /r									
CERTIFICATION	Sequentially list conditions,  If any, leading to immediate ceuse. Enter UNDERLYING	CF OF):								
5	CAUSE (Disease or Injury	CF OF):								
E	thet initiated events resulting in deeth) LAST									
	0									
AL	PART II. Other algnificent conditions contributing to death but not result	ting in th	underlyin	g ceuse given in	PE	REORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DIC	- Frings Ca	Car	172		1 🗆 Y	ES 2 NO		OF DEATH?		
M					_			1   YE\$ 2   NO		
PHYSICIAN: MEDICAL										
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		HER:	ACE OF DEATH (Ch						
IYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 Di 27. MANNER OF DEATH 28e. DATE OF INJURY 28b	b. TIME OF	Nursing Horr	e 5 Residence	6 Other (Specification of the Control of the Contro		OCCUBED			
	1 Netural 5 Pending (Month, Day, Year)	INJURY	WC	RK?	200. DESCRIBE	IOW INSORT	OCCURED			
BY	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, for	farm, atree			281. LOCATION (S	treet end Num	ber or Rural	Route Number,		
뎶	4 Homicide determined building, etc. (Specify)				City or Town,	State)		-		
LEI	29e. CERTIFIER  (Charle call. 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death or	onumed at	the time date	and place, and due	to the governors) or	4 =====================================	mand			
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the besie of examination end/or invest							(a) and manner as stated.		
	29b. SIGNATURE AND STITLE OF CERTIFIER			29c. LICENSE NUI	MAER	294. 5	MTE SIGNE	Monty Day Year		
BE	Harvy 1 Attented	/		0051	58	•	51	3/90		
9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27)	(Type, Prin	0	/			1	-1.1.		
	LIARVEY & STEINFE	LD		SHANN	SiDe	170	1	20764		
	31. Date (yu D (Month, Day, 1947) 32. REGISTRAR'S SIGNATURE		, -			,				
	MAI 0 1990 Filia Savidson-Bondale			•						

marifica e de 20 mario de 19 mare

TO BE COMPLETED BY FUNERAL DIRECTOR

er death. Page 6 may be retain the funeral director, page 5 shoil val.	
burs aft by filled in by ation, or remo	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
CIAN: The law requires that the ertificate has been signed by the State Dept. of Health and Northern 23 shows any Inj	
PITAL OR ATTENDING PHYSIC RAL DIRECTOR: After this ce 172 hours after death with t 1: If Item 28 is marked,	
TO THE HOS TO THE FUNI De filed withi	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF			MENT OF I		MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Mi	ddle, Last)		OLITICI I	OAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
Floyd J. Jo	hnson					May 1º	5 1990	7:05 P
4. SOCIAL SECURITY NUMBER	5. SFY	6. AGE (In)		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. PATE OF BIFTH		RTHPLACE State or Foreign
220-26-9203	- XX	66		MONTHS DAYS	HOURS MIN.	03-15-19		MD
Lions Mano	Nursing H	lome			and, Mar		Alleg	
	Allegany		10c. CITX	umber 1	na			10d INSIDE CITY LIMITS? 1 YES 2 NO
Route 4 Box	164C - Mex	ico Fan	ns	10	21502		10g. CITIZEN C	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2	FORCES?	DENT EVER IN U.S. 1 YES 2 E WAR OR DATES	ARMED	If yes, sp	ecify Cuban, Maxico	NIC ORIGIN? (Specify Yean, Puerlo Ricen, etc.)	a or No — 14. R	IACE American Indian, Back, White, etc.
3 Wildowed 4 Divorce		E WAR ON DATES	WW I		S 2 NO Specif	ny:	,	white
	ENT'S EDUCATION gheat grade completed) ) College (1-4 o		OECEDENT'S L (Give kind of wi life. Do NOT use	ISUAL OCCUPATI ork done during me retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	Y
12			Carpent	er		Local	#1024	
17. FATHER'S NAME (First, Midd	. ,					AME (First, Middle, Maider		
Jerome J. 3					Blanch	e P. Barne	У	
Mrs. Margai						Route Number, City or Tow perland, M		)
20e. METHOD OF DISPOSITION 1 Septime 2 Cremetion 4 Donation 5 Other (Se	3 Removel from State	othe	CE OF DISPOSE or place)	TION (Name of ce	metery, crematory or	20c. L0	OCATION — City of	
21. SIGNATURE OF FUNERAL S			Marys	Scar	pelli Fu	uneral Home	mberland e	, MD
	ases, or complicationa t fellure. Liet only one			ot anter the mo	perland, ode of dying, aud	MD 21502 ch as cardiac or reep	piratory arrest,	Approximate interval Between Onset and Deat
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. 0	an	cen	10	Lun	ブ		194
	DUE	TO (OR AS A CON	ISEQUENCE OF		0	/		
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	te	TO (OR AS A CON	ISEQUENCE OF					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	\$ c	TO (OR AS A COR	ISEQUENCE OF					
PART II. Other algnificant	conditions contributing			n the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO	HOSPITAL	2 ER/Outpatien	# 3 □ DOA	OTHER:	LACE OF DEATH (C	8 Other (Specify)		
27. MANNER OF DEATH TO Natural 5 Pe	(Mon	OF INJURY h, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D
3 Suicide 8 Co	28e. PLA0	CE OF INJURY — A lng, etc. (Specify)	t home, farm, s	treet, factory, offi	00	281. LOCATION (Street City or Town, State		rel Route Number,
nnel	YING PHYSICIAN: To the bed							and and manner on stated
29b-SIGNATURE AND TITLE O		or exemination and	POT HIVESTIGATION	, in my opinion,	29c, LICENSE NU			nee(a) and manner as stated.  NEO (Month, Day, Year)
1/1		neu	Mo			DO 7/35		17, 1990

21502

MAY 1 8 1990

30. NAME AND ADDRESS OF PERSON WHO COUPLED SAME OF PERSON THE ZOVERNOUS Land,

20:4

the second secon

									20	14301
	1 - STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND I		YGIEN REG. NO.	E		
4	1. DECEDENT'S NAME (First, Middle, Last)		2			2. DATE OF	DEATH	v ve	A.D	TIME OF DEATH
ľ	Jessie	R.	.1	lohnso	n	Mav		3.1990	7	:50AM M
		SEX 8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPLA	CE (State or Foreign
	149 05 0569	□ M 2 □ F 85	YRS.	MONTHS DAY	HOURS MIN.	(Month, D		[ ]	Country)	T
	9a, FACILITY NAME (If not institution, give atreet			9b. CITY. TOW	N OR LOCATION OF DE		1/04	9c, COUNTY		. <u>Iersey</u>
œ										
임	Randolph Hills Nu	rsing Home		Whea	ton			Mor	tgom	ery
낊	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d	I. INSIDE CITY
뜅	Maryland Monte		0.3	lver S					11	YES 2 NO
ا بِـ	10e. STREET AND NUMBER	comery	51	IVET	10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL DIRECTOR	1010							11-12		
쀨	1812 Pelling Court	. WAS DECEDENT EVER IN U.S. AF	MED	12 446	20905 ECENDENT OF HISPAN	AIC OBIGINS (	Concilly Van	USA_	PACE	Americen Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES 2 K		If yes,	specify Cuben, Mexice	n, Puerto Rice		0.110-	Black, WI	rite, etc.
a l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 1 1	ES 2 NO Specify	y:			Specify:	White
	15. DECEDENT'S EDUCATION	ON 15a Di	CEDENT'S U	ISUAL OCCUP	TION	16b. KI	ND OF BUS	INESS/INDUS	TRY	
	(Specify only highest grade com-	npleted) (G	live kind of wo	ork done during retired.)	most of working	225071				
ا ڌ ا		Offege (1-4 or 5+)				_				
COMPLETED	1/12 2	Years S	Secret	ary	18. MOTHER'S NA			on Uni	vers	ity
					10. MOTHER S NA	COMIC (FIFS), NATUR	na, maruan	Surreme)		
BE	Thomas F Robinson				Rhoda et end Number or Rural	H H			4.1	
2	Thomas A. Johnson	119			ng Court					
						SITVE				
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 및 Cremetion 3 □ Removal		Ince)		cemetery, crematory or			CATION — City		State
	4 Donation 8 Other (Specify)	5//	P.		litan Cre		<i>P</i>	lex.Va	•	
	21, SIGNATURE OF FUNERAL SERVICE LIBERT	1//////////////////////////////////////			AND ADDRESS OF FA					
	> pichael It	· Linald		Hine	es/Rinaldi	1180	)0 N∈	w Hamp	.Ave	.S.S.Md.
	23. PART I. Enter the diseases, or/com	pilcetions that ceused the d	eeth. Do no	ot enter the	mode of dying, auc	h es cerdie	or resp	ratory arrest	,	Approximate
		t only one ceuse on each line								Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	Care ten		Post	7-00	Car				1 (an)
	resulting in death) a	DUE TO (OR AS A CONSE	OUENCE OF	car	- gai	Kur				170
	_	Al a Oreal	0 ,		Phone					YRAM
8	Sequentielly list conditions, b	DUE TO (OR AS A CONSE			Juces	0				1
¥	if any, leading to immediate cause. Enter UNDERLYING									
은	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF	):						
≣	resulting in death) LAST									
CERTIFICATION	d							17.000	au.	
	PART II. Other significant conditions c	ontributing to death but not	reaulting in	n the Underi	ing ceuse given in	Part I. 2	a. WAS AN			RE AUTOPSY FINDINGS
EDICAL		10'000					YES 2		CO	MPLETION OF CAUSE
요	alroad Al	eler Vole	42 .					No. of the		DEATH?
Σ	- Car	· · · · · · · · · · · · · · · · · · ·							l ''	_ 123 2 _ 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			24	. PLACE OF DEATH (C)					
힐	EXAMINER?	IOSPITAL:		OTHER						
ΥS		☐ Inpatient 2 ☐ ER/Outpatient	_		tome 5 - Residence					
ᇤ	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY	INJURY AT WORK?	28d. DESCI	RIBE HOW	NJURY OCCUP	RED	
B	2 Accident Investigation		1		YES 2 NO					
ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, at	treet, factory, o	ffice	28f. LOCAT	ON (Street Town, State	end Number or )	Rural Rout	a Number,
	4 Homicide determined		_							
립	CONSCR ONLY	N: To the best of my knowledge, d	leath occurre	d at the time,	late end place, end du	e to the cause	(e) end me	nner ee stated.		
COMPLET	one)	On the basic of examination end/or	Investigation	n, in my opinio	n, death occured at the	e time, date ar	d place, a	nd due to the o	euse(s) er	d menner ee stated.
1	296. SIGNATURE AND TITLE OF CERTIFIER	// .			29c. LICENSE NU	MBER		29d. DATE S	IGNEO (M	onth, Day, Year)
8	RAINORN	Lacon 11	D		DO	987	4	1 5	-/rul	90
유	30, NAME AND ADDRESS OF PERSON WHO C	rouen vi				E	/		, . / /	10

3720 Farragut Ave. Kensington, Md.

32. REGISTRAR'S SIGNATURE

Julia Bairdon Ardese

Dr. Rosenhaum

31. DATE FILED (Month, Day, Year)

WAY 1 4'90

age of the State of the

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

526-26-9919

## STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA

IF UNDER 1 YEAR

Olney

10c. CITY, TOWN OR LOCATION

DAYS

9b. CITY, TOWN OR LOCA

IF UND

HOURS

Alger B. Jones

6. AGE (In yrs. last birthday)

60

5. SEX

Montgomery General Hospital

10b. COUNTY

1 M 2 | F

I AND I	MENTAL HYGIENI REG. NO.								
	2. DATE OF DEATH BA	1 1	990	3. TIME OF DEATN 6: p	м				
RE 24 HRS. MIN. April 14,1930 Oklahoma									
TION OF DE	ATN	9c. COU	NTY OF D	EATN					
		Moi	ntgo	mery					
				10d. INSIDE CITY	_				
				LIMITS?					
DE		10g. CIT	IZEN OF	WHAT COUNTRY?					
20832	2	Uni	ted S	States					
	NC ORIGIN? (Specify Yea n, Puerto Rican, etc.) y:	or No-	Spec	E — American Indian, k, Whita, etc. lty:					
king	18b. KIND OF BUS								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transful be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ā	Maryland		Montgomery			Olne	ey				1 TYES 2 X NO	
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CIT	g. CITIZEN OF WHAT COUNTRY?		
E	17017 Norbr	ook Dr	rive				20832		Unit	ted S	States	
5	11. MARITAL STATUS	· · · · · · · · · · · · · · · · · · ·	12. WAS DECEDENT EVE	ER IN U.S. AR	MED	13. WAS DEC	CENDENT OF HISPANIC ORIGIN? (Specify Year or		or No-	- 14. RACE - American Indian,		
II.	1 Never Married 2	Married	FORCES? 1 Y		NO .		cify Cuban, Maxican, Po 2 X NO Specify:	verto Rican, etc.)		Black, Specif	t, White, etc.	
В	3 Widowed 4 Divo	rced	W 123, GIVE 10/11 0	TONIES		1   123	Z (ANO Specify.			Whi	'	
Ω.	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S USU	AL OCCUPATIO	N	18b. KIND OF BUS	INESS/IN			
	(Specify only Elementary/Secondary (0	y highest grade	Completed) College (1-4 or 5+)	(G	ilve kind of work . Do NOT use ret	done during mo: ired.)	st of working					
2	12	-1-7	—	Co	Computer Programmer Informati						s General	
COMPLETED	17. FATNER'S NAME (First, M	licidle Lest)		1 00.	puoe	120920	18. MOTNER'S NAME					
		110.55	Jones					ie Marie		con		
BE	19a. INFORMANT'S NAME (7		Jones	140		DE00 (01	nd Number or Rural Route					
6	The second secon			-		201011//00			5 14 E W 17 E			
	Robert G. H						Drive, O				20832	
	20a, METHOD OF DISPOSIT  1 X Burial 2 Crematic		oval from State	20b. PLACE other pl		Name of cen	netery, crematory or	20c. LO	ATION -	City or Ton	wn, State	
	4 Donation 5 Other			Gate	of Hea	aven Ce	emetery	Silv	er S	Sprin	ng, Maryland	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. NAME AN	ID ADDRESS OF FACILIT	Robert A	A. Pi	umphr	ey Funeral	
	Driel.	Kulla	мО	0346	Home/I	Rockville,	Inc., 30	)O W.	. Mon	itgomery Ave		
	M00348 Home/Rockville, Inc., 300 W. Montgomery Av Rockville, Maryland 20850											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line.  Approximate interval between the cardiac or reapiratory arrest, and the cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line.											
	IMMEDIATE CAUSE (Fir	nei		-	4	P .	/				Onset and Death	
	disease or condition resulting in death)  Association										3 Sours	
			DUE YO (OR	A CONSE	QUENCE OF:	-	0				. /	
z		•	a/	ul	ground	red	Lema				3 hour	
2	Sequentielly list conditions, if any, leeding to immediate constant to the second to t											
CA	cause. Enter UNDERLY CAUSE (Disease or inju		_ /7	tal	e Mys	rearel	ea Day	arello			3 com	
	that initiated events		DUE TO (DR A	AS A CONSE	QUENCE OF		0					
CERTIFICATION	reculting in death) LAS	T (	d									
	PART II. Other algoritics	at condition	e contribution to deal	th but not	mendelma la el	no underluin	- course observe to Dec	t I. 24a. WAS AN	ALETODOV	1 245	. WERE AUTOPSY FINDINGS	
ξI	TAIT II. Outer aignitice	un condition	- Continuating to dee	(II DUC HOC	resulting HI ti	не пличенуви	g ceuse given in Par	PERFOR		240.	AVAILABLE PRIOR TO	
ă								1 - YES 2	NO	1	OF DEATH?	
ME								_			1 TYES 2 NO	
Ë												
Y	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL		/			ACE OF DEATH (Check	only one)				
PHYSICIAN: MEDICAL	1 YES 2 NO		HOSPITAL:	Outpatient 3		THER:  Nursing Hom	e 5 🗆 Residence 8 🗆	Other (Specify)				
Ŧ	27. MANNER OF DEATH		26a. DATE OF INJU (Month, Day, Ye	IRY	28b. TIME OI	F 28c. INJ	URY AT 28	d. DEŞCRIBE HOW I	NJURY OC	CURED		
		Pending Investigation	(MORIT, Day, 19	ear)	INJURY		YES 2 NO					
ВУ	2 Accident 3 Suicide		28e. PLACE OF INJ	JURY — Al he	ome, farm, stree	t, factory, offic	28	f. LOCATION (Street a	and Numbe	er or Rural F	Route Number,	
ETED	4 Nomicide	Could not be detarmined	building, etc. (	(Specify)				City or Town, State)				
Ē	29a. CERTIFIER											
API	(Check only		ICIAN: To the best of my k									
СОМР	2 MED	ICAL EXAMINE	R: On the besis of exemir	nation and/or	Investigation, in	n my opinion, d	asth occured at the tim	e, data and place, an	d due to t	ihe cause(a	i) and manner as stated.	
	296. SIGNATURE AND TITLE	OF CERTIFIE	1 ///				29c. LICENSE NUMBE	Я	29d. DA	TE SIGNED	(Month, Day, Year)	
BE	Moler	11	1260	40)			2931	00		5/21	190	
5	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAUSE OF	F DEATH (ITE	M 27) (Type, Prin	nt)	,	_			51	
	Robert	L. 1	Calilma		15225	-5/	an 6	Day	Re	~ B	velles M.1	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE	1, - 1	-AUM	7	1-00)	/			
	MAY 1	חף ו			Rando		V					
	LINI 7	7 00	1	AN CAMPBELL OF								

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 VES 2 NO

Interval Between **Onset end Death** 

IHR

24b. WERE AUTOPSY FINDINGS

AMILABLE PRIOR TO

OF OFATH? 1 | YES 2 | NO

work

COMPLETION OF CAUSE

Maryland

USA

white

14. RACE — American Indian, Black, White, etc.

6.21P H

M

30

02. REGISTRAR'S SIGNATURE who Daydon-Randall

1810

31. DATE FILED (Month, Dec. Year)

29d. DATE SIGNED (Month, Day, Year) MAY 10 90. MO 21047

DHMH-18 Rev 1/89

	te be executed
	2
	th certificate
	death
	the state
	that
	aw requires that the death
	AM.
	The
	PHYSICIAN:
	ATTENDING PHYSICIAN
	DR AT
'	OSPITAL

see should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLA TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral one filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF		MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	William A	Jenkins			5 4			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last b		AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bif	RTHPLACE (State or Foreign	
	220.09.1383	1×M2 - F 7_3	YRS. MONTHS DA		Month, Day, Year)	6	md md	
E I	9a. FACILITY NAME (If not institution, give st Memorial Hos	pital		WN OR LOCATION OF DE STON	EATH	Talbo		
DIRECTOR	RESIDENCE OF DECEDENT						Ţ	
H	10a, STATE 10b, COUNTY	-111	10c. CITY, TOWN OR LO	OCATION			10d. INSIDE CITY LIMITS?	
ā	Ma	Albat	205	JOM			1 YES 2 NO	
₹	10e. STREET AND NUMBER	1 -1		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
算		mand St.		2160 (		u	SA	
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO		DECENDENT OF HISPAN s, specify Cuben, Mexice	NIC ORIGIN? (Specify Yee in, Puerto Ricen, etc.)	or No- 14. R	ACE — American Indien, leck, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	10	YES 2 NO Specify	y:	Sp	pecify: PIN	
	15, DECEDENT'S EDUC	CATION 184 DECE	EDENT'S USUAL OCCU	PATION	16b, KIND OF BUS	NINESS/INDUSTED	, 571	
# 1	(Specify only highest grade Elementary/Secondary (0-12)	completed) (Give	kind of work done during NOT use retired.)					
7	Estimentally Secondary (0-12)	College (14 of 5+)	Sa borr	~				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1.	Se Day F		ME (First, Middle, Meiden	Surname)		
	111/1/1200	Jan Kins		77%	mie	mo	DMAY	
BE	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (St	reet and Number or Rural	Route Number, City or Tow	n, State, Zip Code		
5	Be55/0 3	intens 1	131 1	Kampon	154,0	73 h	wed 21/01	
	20a METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 Rem		F DISPOSITION (Name	of cemetery, cremetory or		CATION — City o	r Town, State	
	Donation 5 Other (Specify)	Over Holli State	1/2/	dson	Est	sten	md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAN	IE AND ADDRESS OF FA	CILITY			
	· Leve 10	H & talende	3	19 D	oursel.	EAS	ton mr	
	23. PART I. Enter the disease, or o		th. Do not enter the	mode of dying, suc	ch ae cardiac or resp	iratory arrest,	Approximate	
	shock, or heart Yailure.  IMMEDIATE CAUSE (Fine)	List only one cause on each line.					Interval Between Onset and Death	
	disease or condition	Constitud	hint i	En There			415	
	resulting in deeth)	e. Conststict	JENCE OF):	707			17-	
z		b.						
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQU	/ /	•			11/	
S	CAUSE (Disease or Injury	a Small Bond/	065700	c gran			4 days	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	JENCE OF):	1.	Tic + mil	101		
H		a. Achimatic	high d	TRAKE (MO)	inc 4 wil	ca/ VALO	4) 405	
CAL	PART II. Other significant condition		suiting in the under	rlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
5	GASTIDIA RSTI	-11 Blading	Chroni	c AFrin	1 □ YES :		COMPLETION OF CAUSE OF DEATH?	
A	B50:1/48is		,				1 YES 2 HO	
ä								
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			8. PLACE OF DEATH (C	heck only one)			
Sic	1 VES 2 DAYO	HOSPITAL: 1 ☐ Impetient 2 ☐ ER/Outpetient 3 ☐	DOA 4 Nursing	Home 5 - Reeldence	8 Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	0	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M 1	YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hom building, atc. (Specify)	e, farm, street, factory,	office	28f. LOCATION (Street City or Town, State	and Number or Ru	iral Route Number,	
ETE	4 Homicide determined							
29a. CERTIFIER (Check only (Check only Inc.) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.								
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the basis of examination and/or in	vestigation, in my opin	ion, death occured at the	e ilme, date and place, e	nd due to the cau	se(e) end manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CURTURE	7//		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	
8	5 mly /4	Into w	>	md D	31466	57	4/90	
7	30. NAME AND ADDRESS OF PERSON WI		27) (Type, Print)		, ,		1	
	Ludwig J. tgl	sider III mD	606 Dvi	Tch mans	Land Ensit	on of	21601	
	31. DATE ENED 1000 0000	72. AEGISPHAR'S SIGNATURE	AL.					

10.000

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Les	TOLNSO	N						2. DATE	OF DEATH	11 0	YEAR	8:10 A
	4. SOCIAL SECURITY NUMBER 217-22-3960 98. FACILITY NAME (If not institution, give	5. SEX 1 M 2 XF	a. AGE (In yrs. les 86	yns.	IF UNDER	DAYS	HOURS	SHIPE,	(Month	3-190	3	Country)	ACE (State or Foreign
TOR	Baltimore County		Hospita	1			lsto		EAIM			Ltim	
. DIRECTOR	Maryland 106. COUNTY	my Baltimor	8	10c. CI	TY, TOWN C		C		svil.	Le		,	Od. INSIDE CITY LIMITS?  YES 2 XNO
ERAL	100. STREET AND NUMBER 315 In	gleside A	venue			10	1. ZIP COD	212	28			S.	A .
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		NT EVER IN U.S. AF 1 YES 2	MED NO	- 4	yes, sp		n, Maxica	n, Puerto I	? (Specify Yea Noan, etc.)	or No—		- American Indian, white, atc. White
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		(G	ive kind of Do NOT L	work done ( ise retired.)	CCUPATION during most of working 16b. KIND OF 8				estic	STRY		
BE COM	WIIIam bell Bilen mil									03041			
0	190. INFORMANT'S NAME (Type/Print)  Victor Johnson		9	2 Ha	mpste	ead	Road	Box	219	EastD	erry,	New	Hampshire
	20s. METHOD OF DISPOSITION 1   Burlet 2   Cremetion 3   Removal from State 4   Donation 5   Other (Specify)   20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)   Westlawn Cemetery   Lowell, Nassachuset									chusetts			
	21. SIGNATURE OF FUNERAL SERVICE		ullo				ND ADDRE						l Service aryland 2
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO	O (OR AS A CONSE	O F	PA OFF:	9				2			Onset and Daw
MEDICAL								WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	₹:			heck only or				
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	26e. DATE C (Month,	ER/Outpatient  OF INJURY Day, Year)	28b. TI	1	28c. IN	JURY AT ORK? YES 2		6 Othe	r (Specify) SCRIBE HOW I	NJURY OCCU	PRED	
ETED B	3 Suicide 6 Could not determined	building	OF INJURY — At h	ome, farm	, atreet, fac	ory, offi	ca		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	one)	YSICIAN: To the best											and manner sa stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTI	avo	ja				29c. LIC	S 1	IMBER 2		29d. DATE	algned (	Month, Day, Year)
	30. NAME AND AGORESS OF PERSON  TAHOORA  31. DATE FILED (Month, Day, Mary)	KAW AW	AJA		310	01	d (	se	ut	Rd	Ran	dal	Islaun 2021132
	MAY 1,4 90	guna	Preference 1										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

THE LIFE TO 1922

the	det	5
6	9	¥
pe	pp	0
Mair	Sho	=
9	2	E
y b	pag	2
E	00	TST
6 6	rect	E
Pag	9	9
÷	Pera	Ē
dea	\$	exa.
ter	計	20
S	5	dic
MOL	d in	5 6
T.	file f	9
5	ely	7
with	ple	6
per	THOO THE	. 6
739	Pu	atie
8	E :	3 5
D a	Sicie	1
heat	Ph.	2 5
erti	Du	5 5
th	pua	6
dea	att	, and
the	#	2 =
hall	9	S .
as I	Jue (	43
Juin	Si	2 2
5	996	5
2	SIS	3 6
The	le h	E
Z	fica	= 2
0	erti	E 6
H-S	Jis C	6
60	11 16	5 6
NO	Afte	D D D
EN	OH:	- C
A	ECH	50 E
OR	DIR	ten de
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2st nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Dept. of relating and wentar hybers prior to contact, the medical examiner must be notified at on IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
Spi	NER	E #
웃	5	A
光	光	5 5
2	2	2 2

	FOR	CTATE OF MAN	WIAND / D	FD4 DT14F1	IT OF I	EASTI AND				0 14389
	1 - STATE REGISTRAR	STATE OF MAR		RTIFICAT				HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Henry C			1060	son Jr.	2. DATE OF MONTH		199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bi	irthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTHPLACE (State or Foreign
	221-24-9982	1 X M 2 - F	78	YRS. MONTHS	DAYS	HOURS MIN.	Jan.	2 191		country) elaware
	9a. FACILITY NAME (If not institution, give a	9a. FACILITY NAME (If not institution, give street and number)  9b. CI				R LOCATION OF D			9c. COUNTY	OF DEATH
OR	Peninsula General Hospital Sali				ishu	ry. MD			Wico	mico
DIRECTOR	10a, STATE 10b, COUNT			10c. CITY, TOWN		, ,		10d. INSIDE CITY		
8	Delaware Susse	×		Selbyv:	ille					1 YES 2 NO
AL	10e. STREET AND NUMBER				- 1	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	Rt.1 Box 315A				19	975			USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV	YES 2 NO	ED 10	If yes, sp	ENDENT OF HISPAT ecity Cuban, Mexico	in, Puarto Rici		or No 14.	RACE - American Indian, Black, White, atc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES"		1 YES	2 NO Specif	у:			Specify: White
ED	15. DECEDENT'S EDU (Specify only highest grade			DENT'S USUAL			16b. KI	IND OF BUS	INESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do	NOT use retired	l.)	st or working				
MP	12		Farme	r				icult		
	17. FATHER'S NAME (First, Middle, Last)	Con				18. MOTHER'S NA				
BE	Henry C. Johnson 190. INFORMANT'S NAME (Typo/Print)	Sr.	195.1	MAILING ADDRE	ISS /Street s	Charlott				ofe)
임		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Henry C. Johnson III  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 1 Box 315, Selbyville, Delaware 19								
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rem	musi faran Cinta	20b. PLACE OF	DISPOSITION (	Name of ce	netery, crematory or				or Town, State
	4 Donation & Other (Specify)		Roxana	Cemete					nkford	, Delaware
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		2	Has	tings fu	neral	Home		
	Charles h	Hasts	>		Se1	byville,	Delaw	vare	19975	
	ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final								Approximate interval Batween Onset and Death  5 Month.	
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
10	PART II. Other algnificant condition	na contributing to de	ath but not rea	uiting in the	underiyin	g cause given in	Part I. 2	4a. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICAL	Apritic Valv	e repla	ceme	ent	af	ter	,	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC	Cardiac ar	rest as	d 11	26:1	ity	to				1 TYES 2 NO
	resuscitar	e part	rent	-						
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH (C	heck only one)	7	-	
PHYSICIAN:	1 TYES 2 TO	1 Sinpatient 2 September 2 September 28s. DATE OF INJ			lursing Hon	ne 5 🗆 Residence				
	1 Natural 5 Pending	(Month, Day,		INJURY M	W	JURY AT DRK? YES 2 NO	280. DESC	HIBE HOW I	NJURY OCCUI	REU
ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF IN	JURY — Al home	a, farm, street, f			28f. LOCAT	ION (Street a	and Number or	Rural Route Number,
臣	4 Homicide detarmined	building, etc.	(Specify)				City or	Town, State)		
COMPLETED	000)	ICIAN: To the best of my								:ause(a) and menner as stated.
ш	296 SIGNATURE AND TITLE OF CERTIFIE	7				29c. LICENSE NU	MBER		29d. DATE 9	SIGNED (Month, Day, Year)
TO B	michael V.Vo	ncho	1			0030	138		Mes	13,190
10	201 Pine Blut	A Road	Sezite	27) (Type, Print) 25 /	ledi	elcen	terh	10.57	- &	alisbury od
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
	MAY U U SU	THE WOUNDS	and all war							

retained	5 should	notified
i may be	tor, page	ust be
Page 6	al direct	iner m
er death.	the funer	ехаш
ours afte	in by t	nedica
24	y filled	the
d withir	ompletel f	event,
execute	n and co	ımatic
icate be	physicial physicial	er tra
h certif	Huniar	or oth
the deat	the aft	nlury.
s that	ath and	any i
require	been sig	show
The law	te has	m 23
CIAN:	ertifical	or ite
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director, page 5 should be added to the funeral director and the funeral director	the med within 12 incurs after breath with the bake begin, or receipt an include system, produced by the medical examiner must be notified IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
ATTEN	CTOR:	28 1
L DR /	DIRE	item
SPITA	NERAL	N H
THE HO	THE FU	PORTA
2	2	g <b>E</b>

	FOR 1 - STATE	STATE OF I							MEN	ITAL HYGIEN	E		
_	REGISTRAR		CI	ERTIF	ICATI	= OF	DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Υ	4.1						L M	DATE OF DEATH	199	YEAR	3. TIME OF DEATH
	Mary F	_	Jonathan				-		199				
U	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS	DAYS	HOURS	MIN.		Month, Day, Year)	_	Country)	
<b>n</b>	002-20-2358	1 M 2 XF	65	YRS.	1979					11 08 2	4		York
V	9e. FACILITY NAME (If not institution, give s						R LOCATI	ION OF DI	EATH			ITY OF DEA	
ğ		pital			Ea	asto	n				Ta:	lbot	
2		RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY	
DIRECTOR	Maryland Talb	ot		F	East	on							LIMITS?
	10e, BTREET AND NUMBER				1000		. ZIP COD	ε			10g. CITI		AT COUNTRY?
P.	44 Marian Cou	rt					216	501			TT	S.A.	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AF	RMED	13.	WAS DEC			NIC O	RIGIN? (Specify Yes			American Indian, White, etc.
	1 Never Merried 2 Merried		YES 2 X	NO			ocify Cubi			erto Rican, etc.)		Black, Specify	
B	3 Widowed 4 Divorced					,,20	- A)	Option	,.			whi	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON et of world	ina		16b. KIND OF BUS	SINESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	ive kind of Do NOT u	ise retired.)								
릴	12	4	ad	mini	istr	ato:	r			educat	ion		
Į į	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (F	First, Middle, Meiden	Sumeme)		
BE (	William Lewis	Jonath	an				Μá	arjo	ri	le Fran	ces	Wric	ht
10 E	19e. INFORMANT'S NAME (Type/Print)									Number, City or Tow			29455
-	William R. Jo	nathan		90 I	rie	ndf.	ield	і На	111	l John'	s Is	land	l SC
	20a, METHOD OF DISPOSITION 1 XBurlal 2 Cremetion 3 Rem	oval from State	20b. PLACE other p	OF DISPO	SITION (N	ame of cer	netery, cre-	matory or		20c. LO	CATION —	City or Tow	rn, Btate
	4 Donation 5 Other (Specify)		Mt.	Aubı							rwyn	II	L
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		$\bigcirc$	- 1		ND ADDRE						
	STOUL P	ME	RCER	2.)		-				l Home			
	23. PART i. Enter the diseeses, or										iratory arr	est,	Approximate
	shock, or heart feliure.	List only one ca	use on each line	Ð.	1								Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	(0)	Ratur	500	الاها	-	Cove	Ma.	Pa	too do no	00 LL	will.	45 day.
	resulting in deeth)	DUE TO	OR AS A CONSE	OUENCE (	OF): A	40	ceve	Cia	5 1	tex disc	eur	~	7
z	PARTICIPATION AND ADMINISTRATION OF	b.			,	- 1				0			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE (	OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
H	that initieted events resulting in deeth) LAST	DUE TO	OR AS A CONSE	OUENCE (	OF):								
H	Tesulting III deetil) EAST	d											
اندا	PART ii. Other significent condition	ne contributing to	deeth but not	resulting	in the u	nderlyin	g ceuse	given in	Pari				WERE AUTOPSY FINDINGS
DICA	Seveno	(QML)	icob	Stu	1	0	Max	Que		PERFOI		_	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ı wı	diago	-					0			. 1 1 163 2	NO		OF DEATH?
Σ									-				
A	25. WAS CASE REFERRED TO MEDICAL	T				26. P	LACE OF	DEATH (C	heck o	only one)			
SICIAN	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4   Nu		no 5 🗆 F	Residence	6 🗆	Other (Specify)			
РНҮ	27. MANNER OF DEATH	26e. DATE O		28b. TI	ME OF	28c. IN.	JURY AT		_	d. DESCRIBE HOW	NJURY OC	CURED	
	Netural 5 Pending	(Monin,	Day, Year)	1	M		YES 2	□ NO					
Э ВУ	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, fe	ctory, offic	20		261	I. LOCATION (Street City or Town, State,		or Rural Ro	oute Number,
ETED	4 Homicide determined	Danaing	, etc. (opocity)							Only or lown, State,	,		
2	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my snowledge, d	eath occur	rred at the	time, date	end plac	e, end du	e to ti	he cause(s) and ma	nner ee sta	ted.	
COMP	CERTIFFING PHYSICIAN: To the best of my showned and determined at the time, date end place, and due to the cause(s) and manner es stated.								and manner as stated.				
	SM-SIGNATURE AND THE OF CERTIFIE	09 0	1				29c, LIC	CENSE NU	JMBEF	8	29d, DAT	E SIGNED	(Month, Day, Year)
B	MUIOILO	all X	7811	11	Ä.		1	77	4	(19	1	/	1-90
2(	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CA	USE OF DEATH (IT)	EM 27) (Tvc	os, Print)	_	10	(	.4				
	<u> </u>					v1 Δ4	S 177 -	04-	. ~	MD 21	601		
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		00	A L U I	Lic	151.0	ш	MD 21	o.U.I		
si .	1 1/2°QC	1 4	which their de	-1-	ALCO.								
	MAY 14 3C	1		A Carpeter									

-

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		sit permit. Pa	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  "ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	g physician.	e burial-tran	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within account after death. Page 6 may be retained by the hospita THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	or attendir	for use as th	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within cours after death. Page 6 may be retained by the KUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a	y the hospita	e detached	it once.
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within cours after death. Page 6 may the RUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, paging within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **ORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must but	e retained by	e 5 should t	notified a
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centricate be executed within the fours after death. If HE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral fied within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin	аде 6 тау t	director, pag	or must be
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in billed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or rer ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi	after death. F	y the funeral	cal examin
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and complete lied within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, oren ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event	sino, onrs	ely filled in b	, the medi
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior t ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traur	executed with	and complet	natic even
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of HE FUNERAL DIRECTOR: After this certificate has been signed by the attend lied within 72 hours after death with the State Dept. of Health and Mental Hy ORTANT: If Item 28 is marked, or Item 23 shows any injury, or	certificate be	ing physician	other trau
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the HE EUNERAL DIRECTOR: After this certificate has been signed lied within 72 hours after death with the State Dept. of Health i ORTANT: If Item 28 is marked, or Item 23 shows am ORTANT: If Item 28 is marked, or Item 23 shows am	at the death of	by the attend	y injury, or
HE HOSPITAL DR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has lied within 72 hours after death with the State Dep ORTANT: If Item 28 is marked, or Item 23	v requires that	been signed	shows an
THE HOSPITAL DR ATTENDING PHYSIC THE FUNERAL DIRECTOR: After this ca lied within 72 hours after death with to ORTANT: If Item 28 is marked,	MAN: The law	rtificate has	or Item 23
THE HOSPITAL DR ATTENTHE FUNERAL DIRECTOR ILEG WITHIN 72 hours after OFTANT: If Item 28 1	IDING PHYSIC	After this ce	s marked,
THE HOSPIT. THE FUNERA INE WITHIN 7	AL DR ATTEN	AL DIRECTOR	if item 28
0000	THE HOSPIT	fled within 7	4PORTANT:

8

31. DATE FILED (MORITI, Day, Year)
MAY 0 9 '90

32. REGISTRAR'S SIGNATURE

FICKE TROUBLES A PRINCESS

1	FOR STATE	STATE OF MARYLA		MENT OF HEALTH ANI	MENTAL HYGIEN	IE,	0 14051		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  MARG ARE	T J		NES	2. DATE OF DEATH MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-10-5235	010 M 2 XF 82	YRS.	F UNDER 1 YEAR F UNDER 24 HR	7. DATE OF BIRTH (Month, Day, Year)  8 - 20 -	07	BIRTHPLACE (State or Foreign Country) USA		
TOR	98. FACILITY NAME (If not institution, give s SHADY GROUE RESIDENCE OF DECEDENT	NSG CEN		ROCKVILLE		MON MON	TGOMERY		
	Maryland Mor	ntgomery		ver Spring			10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
ERA	32 Eastmoor Dr	rive		20901		USA	N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma: 1 YES 2 NO Sp	cican, Puarto Rican, atc.)	s or No- 14	Black, White, etc.  Specify:  White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life, Do NOT use	rk done during most of working	16b. KIND OF BU				
M P	N/A		sales	person		e prod	lucts		
	17. FATHER'S NAME (First, Middle, Last)  John_Alexander	Dodd			NAME (First, Middle, Maider	- 0.0111	14		
	19a. INFORMANT'S NAME (Type/Print)	Dodd	19b. MAILINO A	DDRESS (Street and Number or Ru	ry Elizabe	wn, State, Zip Co	alters		
2	Edward E. Mans	peaker		astmoor Dri					
	20a. METHOD OF DISPOSITION 5/1 1 Strain 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	7/90 over from State W	PLACE OF DISPOSIT	Memorial Pa	or 20c. L0		y or Town, State  MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF	FACILITY				
	1 JOHN R	. MERCE	200	Newnam Fun Easton, Ma		€			
	23. PART I. Enter the diseases, prehock, prhent fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on ea	ch line.	enter the mode of dying, s	s cell	Cara	Interval Satween Onset and Deeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. WIK We fad Star SI'S - PUWWOWU  DUE TO (OR AS A CONSEQUENCE OF):  C. C. C. C. C. C. C. C. C. C. C. C. C. C								
. 1	PART II. Other significant condition	na contributing to death bu	ut not resulting in	0.0	in Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
4: MEDICAL					1 D YES	2 KNO	OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)				
VSIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output		OTHER:  Nursing Home 5  Residen	ice 6 🗆 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 26c. INJURY AT WORK?  M 1 VES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, at	reet, factory, office	281. LOCATION (Street City or Town, State	t and Number or e)	Rural Route Number,		
COMPLET	one)	_		I at the time, data and place, and , in my opinion, death occurad at					
38	296. SIGNATURE AND TITLE OF CERTIFIE	Harag	/	29c. LICENSE	NUMBER 1391	29d. DATE 5	SPENED (Mapth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	L - 19 26	ATH (ITEM 27) (Type,	MHOMEU	2 Villa	ge	Ave-Glo		

21203-3146

BALTIMORE, MA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be 10 THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be in

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPAI	RTMENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	141			2. DATE OF DEATH	Y YEA	3. TIME OF DEATH	
	Emily Anne Jones					1990	9:27P M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, B(	IRTHPLACE (State or Foreign ountry)	
	220-52-8154· 1□M²	1 10			Nov. 6,19		MD	
-	9a. FACILITY NAME (If not institution, give street and num			OR LOCATION OF DEA	ATH	9c. COUNTY C	OF DEATH	
DIRECTOR	Kent & Queen Annes Ho	spital	Cheste	rtown		Kent		
띭	10s. STATE 10b. COUNTY		TY, TOWN OR LOCA	ION			10d. INSIDE CITY LIMITS?	
	MD Q.A.	Su	ıdlersvi]	.le			1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER		10	ZIP CODE			OF WHAT COUNTRY?	
ÿ.	Dogwood Village		10 1110 225	21668			JSA	
윤	1 Name Married 2 Married FORCE	CEDENT EVER IN U.S. ARMED  5? 1 YES 2 NO  GIVE WAR OR DATES	If yes, sp	ecify Cuban, Maxican			RACE — American Indian, Black, Whita, etc.	
B	3/ Widowed 4 Divorced	GIVE WAR OR DATES	1 U YES	2 NO Specify:		,	Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPATE	ON sl of working	16b. KIND OF BUS	INESS/INDUSTF	RY	
	Elementary/Secondary (0-12) College (1	Min. Do. MOT.	use retired.)	•				
₹	5	Homen	naker		Hone			
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden S	Surname)		
H	George Bootes  19a. INFORMANT'S NAME (Typo/Print)	19b, MAILIN	G ADDRESS (Street		Hannon loute Number, City or Town	, State, Zip Code	9)	
유	Mary Leagua	- 1.0001470			ates Smyrn		*\	
	20a METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Removal from S	20b, PLACE OF DISPO				CATION — City of		
	4 Donation 5 Other (Specify)	Eastern S		D D		rlock,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			WS Funera				
	· Sary B. Tel	lows			al home s St. Mill	ington	MD 21651	
	23. PART i. Enter the diseases, or complication shock, or heart failure. Liet only of	ns that caused the death. Do	not anter the mo	de of dying, such	as cardiac or respir	ratory arrest,	Approximate Interval Between	
				.4			Organiand Doub	
	disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):  Auto Mysicalial Tufarction  DUE TO (OR AS A CONSEQUENCE OF):  Hyperfolia as A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
		OUE TO (OR AS A CONSEQUENCE	OF): (/	1 + 1	Time			
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE	VCacacacacacacacacacacacacacacacacacacac	1 Juga	round	· · · · · · · · · · · · · · · · · · ·		
SAT	cause. (Discourse of the control of	Anherteurer	o Car	diara	scular.	Disea	re	
🖺	that initiated events	OUE TO (OR AS A CONSEQUENCE	OF):					
E	resulting in death) LAST							
AL C	PART ii. Other significant conditione contribu	ting to death but not resulting	in the underlyin	g cause given in	Part i. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
	Conjertine Hear	1 Failure	, Kype	ndulast	enslever XES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC	Diabetes n	ellitus "	WH.	ASCU	D		1 TES 2 NO	
				· ·				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:	26. P	LACE OF OEATH (Che	eck only one)			
l S		ont 2 DER/Outpatient 3 DOA  MATE OF INJURY 28b. Ti	4 - Nursing Hor	ne 5 🖪 Residence		U II IN AGAINS		
	1 Natural 5 Pending		NJURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	:0	
B	2 Accident Investigation 3 Suicide & Could not be 28e.	LACE OF INJURY — At home, ferm			28f. LOCATION (Street a	and Number or R	Jural Route Number,	
ED.	3 Suicide 8 Could not be determined	ullding, etc. (Specify)			City or Town, State)			
빌	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	best of my knowledge, death occu	rred et the time, det	and place, and due	to the cause(s) and man	mer as stated.		
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the but						use(a) and menner as stated.	
В	29b. SIGNATURE AND TITLE OF CERTIFIER	. (		29c. LICENSE NUN	/BER	29d. DATE SIG	GNED (Month, Day, Year)	
m	(Curley )	11.D.		1238	89 Md.	14/2	28/90	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITEM 27) (7)	De, Print)	4		- 2	and the same of th	
	John ( . ARRABI	TC, MD MID	town 1	Wall, C	he texto	wn W	28/90 d 21620	
2	31. DATE FILEO (Month, Day, Year) 32. RI	Savidson-Randell						
	MAY UI 90 Stone	Purch month of the						

& capy to bo . Ween Please !

BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a car after death. Page 6 may be retained a property of the law requires that the death certificate be executed within a car.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the part of the burial-transit permit. Pages 1, 2, 3 should stand within 79 hours after death with the State heart of Health and Mental Hydiene prior to burial, cremation or removal.	as the control of the
BALT	after death	by the fune	ical exam
	Sub.	y filled in t	the med
F VITAL RECORDS, P.O. BOX 13146,	e executed within	ertificate has been signed by the attending physician and completely filled in by the first State Bear of Health and Mertal Horlene prior to builal cremation, or removal	umatic event.
D. BO	sertificate t	ling physici volene prio	other tra
S, P.	he death o	the attend	niury or
RECORD	w requires that t	been signed by	3 chouse any 1
VITAL	MAN: The la	rtificate has	or item 2
LOF	G PHYSIC	er this ce	parked
DIVISION OF	TAL DR ATTENDIN	THE FUNERAL DIRECTOR: After this certificated within 75 hours after death with the	IDODIANT: If item 28 le marked
	THE HOSPI	D THE FUNER	ADODTANT.

í	1. DECEDENT'S NAME (First, Middle, Last).  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
	WILLE MAE JOHN SON 4-26-1998 2-459.
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH Country) Country) Country) Country)
	214-32-0691 1 M 2 XF 93 YRS. MONTHS DAYS HOURD MIN. (MONTH, Day Year) \$ 96 Country) MARY/410
	96. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH
5	CORSICAHII PURSING CENTER CENTREVILEMO QUEEN AMMES
DIRECTOR	
- 1	100. STATE 100. COUNTY OUCENAMINES 100. CITY, TOWN OR LOCATION UILLE MS 100. INSIDE CITY LIMITS?  1 UYES 2 040
LUNEHAL	106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indian,
- 11	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)  FORCES? 1 YES 2 NO Specify:  If YES, GIVE WAR OR DATES 1 YES 2 NO Specify:  Specify:
0	3 Wildowed 4 Divorced
3	15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working
Y.E.	Bernentary/Secondary (0-12) College (1-4 or 5+)  Ele M. College (1-4 or 5+)  A College (1-4 or 5+)
SOM P	17. FATHER'S NAME (First, Middle, Lest)
DE C	Charles GRIFFIN EINZA DETH BRASON
0	196. INFORMANT'S NAME (Type/Pylnt)  Chales Lidohash R. Co Chester Town, State, Zip Code)  Chales Lidohash R. Co Chester Town Md. 2/620
	20s. METHOD OF DISPOSITION  1 Surfal 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery, crematory or 44 - 36 % Co. LOCATION - City or Town, State of Disposition (Name of cometery
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	- Damet Wala 20/08 Tor Town me
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each lins.
	IMMEDIATE CAUSE (Final Onset and Death
	resulting in desth) a. Congestive heart tailing
1	DUE TO (OR AS A CONSCOUENCE OF):
2	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF)
HILLAHON	If any, laeding to immediata cause. Enter UNDERLYING
Ĭ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
EE	resulting in deeth) LAST
- 1	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICAL	Devention Per phond Vascular Nasala 1 yes 27-40 OF GENTLY OF GENTLY
E	1 YES 2 NO
Σ	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
SIC	EXAMINER?  HOSPITAL:  OTHER:  I   Inpatient 2   ER/Outpatient 3   DOA   4 Mursing Home 5   Residence 8   Other (Specify)
PH.	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?
8	T Netural 8 Pending M 1 TYES 2 NO
E	2 Accident Investigation
	2 Accident Investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  281. LOCATION (Street end Number or Rural Route Number, State)
	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	2 Accident 3 Suicide 4 Homicide 2 Certiffier (Check only 1 Certiffying PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29c. CERTIFIER (Check only orre) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, daeth occured at the time, data and place, and due to the cause(a) and manner as stated.
BE COMPLET	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29e. CERTIFIER (Check only ore) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE NO TITLE A CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)
BE COMPLET	2 Accident 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  29c. CERTIFIER (Check only orre)  20c. CERTI
TO BE COMPLET	29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
BE COMPLET	29a. CERTIFIER (Check only one) 29b. SIGNATURE HO TITLE CERTIFIE 29b. SIGNATURE HO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  29c. Certifier (Type, Print)  29c. LICENSE NUMBER  29d. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

		Na.
BALTIMORE, MARYLAND 21203-3146	certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ling physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pygiene prior to burial, cremation, or removal.
=	9	100
5	eath	fune
B	ler d	the year
	s af	P. P.
	nou	pa Jo
4	53	fill tion
	rithin	ling physician and completely filled in by the ygiene prior to burial, cremation, or removal.
46	A pa	al, c
O. BOX 13146,	ecut	Pull
×	96	an a
0	ate t	prio
ш	riffe	d p
0	8	5 8

BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact by filed within 72 hours after heart with the State Denir of Health and Mental Hodeline brifor to burial, cremation, or removal.	IMPORTANT: It isem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
•	thin 27 nours after dea	etely filled in by the fur emation, or removal.	nt, the medical exa
13146,	executed wi	in and compl to burial, cri	imatic even
BOX	ficate be	physicia ne prior	ner fra
P.O.	ath certi	ttending tal Hvoie	or of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the de	been signed by the at	3 shows any injury
F VITAL	SICIAN: The la	certificate has	d, or item 2
ONO	HIG PH	After this	marke
DISINIO	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe flad within 22 hours after death with the State Dent of Health and Mental Hotelee prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is
9		,	

_	REGISTRAR	CE	RTIFICA	IL OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  FLOW OF L. KV/E SR.  2. DATE OF DEATH MONTH 29 9 4 14									
	4. SOCIAL SECURITY NUMBER $231-24-6368$ 5. SEX $^{\prime}$ 1 $\bigcirc$ M 2 $\bigcirc$	6. AGE (In yrs. last i	YRS. MONT	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIT	TH (har)	6. BIRTHPLACE (State or Foreign Maryland		
	9e. FACILITY NAME (If not institution, give street and number	er)	9b.	CITY, TOWN C	R LOCATION OF DE	ATH	9c, COUN	TY OF DEATH		
S C	Mercy Hospital			Balti						
FUNERAL DIRECTOR	10a. STATE MD 10b. COUNTY Prince	George	10c. CITY TOO HYS	WN OR LOCAT	lle			10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
EHAL	100. STREET AND NUMBER 912 Somerset Plac	e		101	20783		10g. CITIZ	10g. CITIZEN OF WHAT COUNTRY? USA		
8	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 If YES, 0	ED )	If yes, sp	ENDENT OF HISPAN ocity Cuben, Mexican 272410 Specify		or No- 14. RACE — American Indien, Black, White, etc.  Specify: Black				
2	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	EDENT'S USU	L OCCUPATION	)N	16b. KIND	OF BUSINESS/INDU	JSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4	or 5+)	e kind of work o Do NOT use retir	ed.)	st or working					
N N	12th	Pa	inter				TH			
	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NAME (First, Middle, Malden Surneme)							
8	Carter Kyle  19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADD	BESS (Street a			Dudley			
2	Edward L. Kyle, Jr.		Hyatt	somers sville	et Plac , Md. 2	6 <sub>783</sub>	y or norm, create, also	out of		
	20e. METHOD OF DISPOSITION 1	20b. PLACE O	F DISPOSITION	N (Neme of cer	netery, cremetory or 1 Cemete		suitlan	City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	shall			ID ADDRESS OF FA		shall's F	Funeral Home		
CERTIFICATION	23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory streat, Approximate interval Between Onset and Destination of the condition									
-	PART II. Other significent conditions contributi	ng to death but not re	sulting in th	e underlyln	r cause given in	Part I 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  Bronchi C C + 2 S (3 1 YES 2 NO							AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (Ch	ack only one)				
2	EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN:	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?									
ED BY	2 Accident Investigation 2 Accident Suicide 6 Could not be determined determined control of the country of the suicide set of the suicide set of t									
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED: 00 the house									
3	2 MEDICAL EXAMINER: On the bas	ie or examination englor to	weetigettori, in	ту ориноп, с						
IO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF SECTION	20		29c, LICENSE NUI	ABER	29d. DATE	ESIGNED (Month, Day, Year)		
	Charles T. Robinson	MO	301	st.Pa	ul St,	Balto	nore,	MO		
	1 11111 0 1 100	distrar's signature udson-Randell			,		,			

## FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE	OF	DEAT	H		REG. NO.				
1. DECEDENT'S NAME (First, M	fiddle, Last)									OF DEATH		WE 4.5	3. TIME OF DEATH	
FREDERIC	K	WILLIAM		KEYT	NC				MA		990	YEAR	10:45A M	
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE	OF BIRTH	2.74		IPLACE (State or Foreign	
236-44-4839		1 🔀 M 2 🗌 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	12-	n, Day, Year) 31–193	0	Wes	t Virginia	
90. FACILITY NAME (If not instit					9b. CITY,	TOWN 0	R LOCATIO	N OF DE	ATH		9c. COU	NTY OF D	EATH	
PHYSICIA	NS ME	MORIAL	HOS	PITAL	L	A P	LATA				CHA	RLE	S	
RESIDENCE OF DECE														
				R LOCATION 10d. INSIDE CITY LIMITS?						LIMITS?				
Maryland		W	aldor	_							1 YES 2XXNO			
100. STREET AND NUMBER Al6 Idlewood				101. ZIP CODE 109. CITIZEN OF WHAT						WHAT COUNTRY?				
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S ARMED	13. V	13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-					or No-		E American Indien,	
1 Never Merried 2 🖂 🔏 3 Never Merried 2 🖂 🖂 6	Stried	FORCES? 1 IF YES, GIVE W	YES	2 NO	If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 XXNO Specify:				Black, White, etc.  Specify:  White					
15. DECEC	DENT'S EDUCA	TION	-10	. DECEOENT'S	USUAL OC	CUPATIO	ON		16b	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-1:	nighest grade co	College (1-4 or 5 +	)	(Give kind of Me. Do NOT L	se retired.)	iunng mo	at or working	,						
12		-		Mana	ger					Reside	ntia	l Ma	nagement	
17. FATHER'S NAME (First, Midd	die, Last)						18. MOTH	ER'S NA		Middle, Maiden				
William S. K	eyton						W	ill	ie L	ee Dav	is			
190. INFORMANT'S NAME (Typ										ber, City or Tow				
Ethel E. Key	ton			Al6	Idlew	lood	Park	, W	aldo	rf, Md	. 20	<i>6</i> 01		
20e. METHOD OF DISPOSITION STATEMENT OF DISPOSITION STATEMENT OF DISPOSITION STATEMENT OF DISPOSITION OF DISPOS	3 Remov	ral from State	20b. P	ther place)	emori	ne of cer	netery, creme Garde	etory or			cation — city or Town, State doif, Md. 20604			
(X Burial 2 ☐ Cremetion 3 ☐ Removal from State Other (Specify) Other (Specify) Trinity Memorial Gardens Waldorf, Md. 20604  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY														
50	0	U >	ul	0	H	untt	Fun	eral	L Hor	ne				
6 acras	d	V- 11	un	K.	P	. 0.	Box	156	5, Wa	aldorf	Md.	. 206	504-0156	
	sease or condition (Aller Parent Lester)													
Sequentially list condition if eny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ONSEQUENCE (	Meller Dep:	nli	Kers×										
PART II. Other significen	t conditione	contributing to	daeth but	not resulting	in the un	dariyin	g cause g	iven in	Part I.	24a, WAS AN PERFOI 1 TYES	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
OF HAS SARE DEFENDED.	HEOLOS I					A	105	PARKS OF		1				
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER		LACE OF OE	EATH (Ch	eck only o	ne)				
1 YES 2 NO		1 Inpatient 2		-	4 🗆 Nun	sing Hor	10 5 🗆 Res	aldence						
27. MANNER OF DEATH  1 Natural 5 P	- adlan	28e. DATE OF (Month, D		26b. TI	ME OF IJURY	WC	DRK?		28d. DE	SCRIBE HOW	O YRULNI	CCUREO		
2 Accident in 3 Suicide 6 C	ould not be	M 1 VES 2 NO  26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
29e. CERTIFIER (Check only		IAN: To the best of											(a) and menner as stated.	
296. SIGNATURE AND TITLE O	OF CERTIFIER	a Zev	M				29c. LICE	103			29d. DA	TE SIGNE	D (Month, Day, Year)	
30. NAME AND ADDRESS OF MICHAEL A		HERWOO				ζ 2	49 W	ALD	ORF	, MARY	LANI	20	604	

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAY 0°9 "90

Julia Davidson-Randelle

. 

ne hosp	letache	once.	
ed by th	od bi	at o	
retaine	5 shot	notifie	
nay be	page	ed to	
ge 6 n	lirector	T BU	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after clearly with the State Dect, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
after d	by the moval.	cal e	
Mours	ed in l	шеф	
hin 23	tely fill mation	t, the	
ed wit	somple al, cre	even	
execu	to bun	r traumatic event, the medical exa	
ate be	hysicia prior	or trau	
certific	ding p	T Off	
death	e atter	ury, o	
at the	and N	y in	
nires th	signed	WS 3f	
w requ	been of	3 sho	
The la	ite has	em 2	
ICIAN:	the St	5	
PHYS	this o	bey	
NDING	R: After	150 E	
ATTE	RECTOF	E 28	
TAL OF	MAL DI	If ite	
HOSPI	FUNER	TANT	
3HT C	THE Bled	MPOR	
E	F 3	===	

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENT	AL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Edna	Kislowski						2. DATE OF DEATH MONTH DAY YEAR APril 29 1990 1:					
	4. SOCIAL SECURITY NUMBER 158-07-5853	5. SEX 8. AGE (III	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DAT 1/2°	E OF BIRTH			ACE (State or Foreign			
OR	2607 Felter Lan	2607 Felter Lane  9b. CITY, TOWN OR LOCATION OF DEATH Bowie,								Prince George's			
FUNERAL DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNT Maryland Prince	ce George's		10d. INSIDE CITY LIMITS? 1 \( \frac{1}{2} \text{YES } 2 \) NO									
ERAL	10e. STREET AND NUMBER	2607 Felter Lane 20715						10g. CITIZEN OF WHAT COU United State					
R	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 100 If yes, specify Cuban, M				ANIC ORIGIN? (Specify Yea or No							
COMPLETED	15. DECEDENT'S EDI (Specilly only highest gradi Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION socily only highest grade completed) sodery (0-12) College (1-4 or 5+) Retail Sales						16b. KIND OF BUSINESS/INDUSTRY  Department Store					
BE COM	17. FATHER'S NAME (First, Middle, Lest)  William Raitt  Viola												
0	19a. INFORMANT'S NAME (Type/Print) Sig Kislowski		Same a	as # 10.		Route Nu							
	CCMBuriel 2   Cremetion 3   Removed from State   Other (Specify)   Washing								city or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie, MD 20715												
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Carollo		meery	da of dying, su	ch ss ca	ardiac or respin	atory srre	et,	Approximate interval Batween Onset and Death			
CENTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in daeth) LAST	b. DUE TO (PR AS A	CONSEQUENCE OF	):	tre	f	allur	V					
MEDICAL	PART II. Other significant conditions of the contract of the c	Domen &	_	the underlying	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	6	VERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?    YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inputiont 2   ER/Outp	etlent 3 🗆 DOA	OTHER:	ACE OF DEATH (C								
	27. MANNER OF DEATH  1 Notural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. INJ	URY AT PRESIDENCE OF THE PRINC	-	DESCRIBE HOW II	JURY OCCL	IRED				
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								ute Number,				
COMPLETED	and the same of th	SICIAN: To the best of my knowl								and menner as stated,			
BE	29b. SIGNATURIE AND TITLE OF CENTURIE	em d			29c. LICENSE NU.	DMBER	7	29d. DATE	SIGNED (	Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	2.	3	sive 1	10	2001	5			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE ndell										

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-314	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within executs after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burilal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
VITAL RE	AN: The law requ	tificate has been e State Dept. of	ir item 23 sho
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSICI	THE FUNERAL DIRECTOR; After this cer of filed within 72 hours after death with the	MPORTANT: If Item 28 is marked, a

	1. DECEDENT'S NAME (First, Middle, Last)							2.	DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	John I	Luther KL	INE					A	pril	27°, 19	90	1:48 P.m.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		F UNDER 1 YE		DER 24 HR	_	DATE OF BIR	TH	8. BIRT	HPLACE (State or Foreign
	236-20-9539	1 2 M 2 F	69	YRS.	ONTHS DA	YS HOUF	S MIR	" Ju	11y 11	, 1920	Wes	st Virginia
)	9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TO	WH OR LOC	ATION O	F DEATH		9c. C	OUNTY OF	DEATH
BO	Washington Count	y Hospit	al		Hag	ersto	wn			Wa	shing	gton
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	ν		10c CITY	TOWN OR L	CATION						10d. INSIDE CITY
E	West Virginia	Hardy			axtin		Wa	arfi	e1d			LIMITS?
5	10a. STREET AND NUMBER	HAMARA		-		101. ZIP C				100	CITIZEN OF	WHAT COUNTRY?
RA	unknown					254						S.A.
¥	11. MARIYAL STATUS	12. WAS DECEDER	IT EVER IN U.S. ARM	IED	13. WAS	DECENDEN	T OF HIS	SPANIC C	ORIGIN? (Spe	cify Yes or No-	- 14. BAC	CE — American Indian,
E	1 Never Married 2 Married		YES 2 NO	0		YES 2			uerto Rican, e	etc.)		ck, White, atc.
BY	3 Widowed 4 Divorced							,.				white
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(Giv	EDENT'S US	k done durin	PATION g most of w	orking	•	16b. KIND	OF BUSINESS	INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 6	+}	ruck (	retired.)							
MP				Luck	ulive							
8	17. FATHER'S NAME (First, Middle, Lest)  Ernest Luth	er Kline				16. N				Meiden Surnen n Spur		
B		ici kiine		THOMAS						_		
2	19a. INFORMANT'S NAME (Type/Print)  Mr. Leslie Kline	<b>.</b>								or Town, State		5757
			20b. PLACE C							20c. LOCATION		
-	20g, METHOD OF DISPOSITION  1 Burlel 2 Cremellon 3 Ren  4 Donation 6 Other (Specify)	noval from State	other place	ezer	Cemet	erv	летниогу	Or				st Virginia
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		1	-	E AND ADI	RESS O	F FACILI			-	RAL HOME
	"Scott !	3.13	uma	//	415	East	Wi	lson	Blvd	., Hag	ersto	own, MD 21740
	23. PART I. Enter the diseases, or				t enter the	mode of	dying,	auch a	a cardiac o	r reapiratory	arreat,	Approximate
	ahock, or haart failure. IMMEDIATE CAUSE (Final	. List only one ca	use on each line.									Interval Between Onset and Death
	disease or condition	. Ca	rdiac Ar	rest								immediate1
	resulting in death)	DUE TO	(OR AS A CONSEO	UENCE OF):								
z		a. Ar	terioscle	erotio	Car	dio V	ascu	ı1ca	r Dis	ease		years
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	/OD 40 4 001050									
Ė	that initiated eventa resulting in death) LAST	DGE IC	OR AS A CONSEQ	UENCE OF):								i
CERTIFICATION		d										
4	PART II. Other significant condition	ona contributing to	death but not re	sulting in	tha unda	lying cau	e giver	n in Par		WAS AN AUTOF	SY 2	Ib. WERE AUTOPSY FINDINGS
MEDICAL										YES 23 N	,	COMPLETION OF CAUSE OF DEATH?
Ä												1 YES 2 NO
_												
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE C	F OEATH	(Check	only one)			
YSI	1 TYES 2 NO		ER/Outpatient 3		OTHER: Nursing	Home 6	Reside	nce 6 2	COther (Spec	offy)		
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE O (Month,	F INJURY Day, Year)	26b. TIME INJUI		WORK?	r	28	d. DEŞCRIBE	HOW INJURY	OCCURED	
BY	1 Natural 5 Pending 2 Accident investigation					_ YES	2 NC	)				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At hor , etc. (Specify)	ne, farm, str	eet, factory,	office		26	Ofty or Town		mber or Rura	f Route Number,
	4 Homicide determined											
PL	29a. CERTIFIER 1 CERTIFYINO PHY	SICIAN: To the best of	f my knowledge, des	ith occurred	at the ilme.	date and p	lace, and	due to t	the cause(a)	and manner as	stated.	
COMPLETED	one) 2 MEDICAL EXAMIN	IER: On the basis of	examination and/or is	nvestigation,	, in my opin	on, death o	ccured a	t the tim	e, data and p	lace, end due	to the cause	e(e) and manner as ateted.
	296. SGNATURE AND TITLE OF CERTIFI	ER				29c.	LICENSE			29d.	DATE SIGNI	ED (Month, Day, Year)
38 C	Cilwarl W	With	MK			10	) (	367		•	4/29	9/90
5	38. NAME AND ADDRESS OF PERSON W		•		,					•		
	Edward W. Ditt				st Wa	shing	ton	Str	eet,	Hagers	town,	MD 21740
	31. DATE FILED (Month, Day, Year)	32 REGISTE	AR'S SIGNATURE									
	ΔPR 30 '90	1.0. K	AR'S SIGNATURE	1.00								

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-- Julys after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-		ATE	FRAR
				'S NA
1	70	_ 1	- 1	7.7

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		- C	ERIT	ICALE	· UF	DEA	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Ralph Eugene KELL	ER							2. DATE O MONTH Apri	f DEATH DA	1990	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-24-2087	5. SEX	8. AGE (In yrs. le	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month,		1928	6. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give si	met and number)			9h CITY	TOWN (	OR LOCATI	ON OF DE		1 20,		NTY OF DEA	
œ	Washington County		1				town	011 01 01				ingto	
2	RESIDENCE OF DECEDENT	побрасо			mag	CIS	LOWII		-		Wasii	Ingu	711
2	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	TION					1	od. INSIDE CITY
DIB	Maryland Washi	ngton		На	Hagerstown								LIMITS?  YES 2 NO
FUNERAL DIRECTOR	510 Potomac Tower	s, 11 W.	Baltim	ore S	101. ZIP CODE 21740				USA			AT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDER								(Specify Yes	or No-	14. RACE -	- American Indian,
BY F	12 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	NO			ecify Cuba 2 ∰ NO		n, Puerto Ri /:	can, etc.)		Specify: Whit	
	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL O	CCUPATION	DN		16b.	KIND OF BU	SINESS/IND		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		Give kind of the Do NOT u	work done ( se retired.)	during mo	at of world	ng					
2	4	0	di:	sable	d							-	
2	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First M	iddle, Maiden	Surname)		
ŏ	Lester Keller								Lee		,		
BE	19a. INFORMANT'S NAME (Type/Print)		T.	ION MAIN INC	ADORES	Connet.				ur, City or Tow	- Ctoto 7in	Codel	
٩	Grace Myers									ncast.			225
	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Na	me of ce	metery, crer	natory or		20c. LO	CATION -	City or Town	n, Stata
	1 Donation 6 Other (Specify)	oval from State		plece) t Hav	en C	emei	erv			Нас	erst	own.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE						SS OF FA	CILTY L HOI		50100	OWIN	1101 / 10110
	· Scott M	inni	ch								gerst	own,	Md. 21740
	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Fine) disease or condition				not anter	the mo	ode of dy	ing, auc	h aa cardi	ec or resp	iratory an	rest,	Approximate Interval Between Onset and Death
	reaulting in deeth)	DUE TO	OR AS A CONS	EOUENCE O	<u>イベレス</u> 所:	4-6	NV	DY		_			<u> </u>
-		allow	00 461	und	ii. 1	ah	010	MA.	Mill	as D	wea	al	
Ó	Sequentially list conditions,	DUE TO	OR AS A CONS	EOUENCE O	PF):	300	0000	UECOL		<u> </u>			
CERTIFICATION	if sny, lesding to immediata cause. Entar UNDERLYING	Chus	in Nu	Anu	Jui	ē L	LIM	0	000	sl			
正	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):		7	2					
E	resulting in death) LAST												
8		d											
A	PART II. Other significant condition	e contributing to	death but no	t resulting	In the ur	nderlyln	g causs	given in	Part I.	24a, WAS AN			WERE AUTOPSY FINDINGS
EDICAL										1 TYES			COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
Σ	-								_				
¥	25. WAS CASE REFERRED TO MEDICAL	Γ				26. P	LACE OF I	DEATH (C)	neck only one	9)			
ত ত	EXAMINER?	HOSPITAL:	□ EB/Outpetlant	2 🗆 004	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O		26b. TII			JURY AT	asidence	6 Other	(Specify)	INJURY OC	CURED	
	1 Natural 5 Pending		Day, Year)		JURY	W	YES 2	NO	200,024				
BY	2 Accident Investigation	284 PLACE	OF INJURY — At	home form	otenat for				201 1 000	TION (Street	and Mumba	or Dural D	urte Mumber
TED	3 Suicide 6 Could not be 4 Nomicide detarmined	building	, atc. (Specify)	rionina, rainin,	street, lec	tory, one			City o	or Town, State	)	TOT HOTEL HO	ore nomosi,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat	d my knowledge	doub none	and at the	time det	e and plac	a and du	to the one	ee/e) and me	nner en ete	tod	
₽ P	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
8				or waveaunguit		optinoii,							
BE	296 SIGNATURE AND TITLE OF CERTIFIE	B) ()					29c. LIC	ENSE NU	MBER		29d. DAT	TE SIGNED	Month, Day, Year)
10	uum wagt	X M					1)-	124	44			4-2	3-90
Ĕ	30, NAME AND ADDRESS OF PERSON WE ERK WAGSHAL	M.D.	USE OF DEATH (IT			. TR	D	HA	EDO	17) (21)	RIN	2	1740
	31. DATE FILED (Month, Day, Year)	32. REGISTS	AR'S SIGNATURE						CLO		10.40	32	. / . 0
	16, 7 C ddv	0	Julia Davi	dron-	and of	2_							

-,

5

, · · · ×

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recours within a filter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	xecuted within	and complete burial, crem	atic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	irtificate be ex	ng physician a giene prior to	other traum
S, P.O	he death ce	the attendir Mental Hy	njury, or
CORD	quires that t	n signed by I Health and	ows any i
FAL RE	The law red	ate Dept. of	em 23 sh
OF VIT	PHYSICIAN:	this certifica	ked, or it
SION	TENDING F	TOR: After after death	28 is mar
DIVI	ITAL OR AT	RAL DIRECT	: If Item ?
	TO THE HOSP	TO THE FUNE be filed within	IMPORTANT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGI			14033
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1		TIME OF DEATH
Melvin O. Kesne	r				MONTH 4	2.3	90	8:30 am M
4. SOCIAL SECURITY NUMBER 220-10-9217	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		-	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give stre	eet and number)	9	b. CITY, TOWN (	OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEAT	гн
Avalon Home Inc.			Hage	cstown		Wash	ingt	on
W.VA. 106. COUNTY	PSHIRE		NEY	TION			10	DIA. INSIDE CITY V. LIMITS? VES 2 NO
P.O. BOX *X	382		101	26757		1.1	S.a	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES TAKES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:	Yea or No— 1	Black, V	- American Indian, White, atc. ITE
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (912)		Glive kind of wor iffe. Do NOT use if DISABLE	rk done during mo retired.)	ON est of working TERAN	Carrie State of the	BUSINESS/INDU	STRY	
17. FATHER'S NAME (First, Middle, Lest) ANDREW H	KESNER			16. MOTHER'S NA	ME (First, Middle, Ma	iden Surneme)	C	OSNER
194. INFORMANT'S NAME (Type/Print) DOROTHY C. KESNE	ER	P.OBC	DDRESS (Street a	ROMNE	Poute Number, City or Y , W . V A	Town, State Zip C	757	
20 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	val from State	RESSE'S	MILLS	CEMETE		. ASHBY		, Stata • VA •
21. SIGNATURE OF PUNERAL SERVICE LICE	Suzma	#m68	1037 HAGE	DUAL P RSTOWN,	LACE MD 217	40		
23. PART I. Enter the diseases, or conshock, pr heert fallure. L. IMMEDIATE CAUSE (Final disease pr condition				de of dying, suc	h as cerdlec or n	espiratory arre	st,	Approximata Interval Between Onset and Death
resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):			-			3 - 63
Commented to the condition of b			CHF					3 days
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):		yda*				4
CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE OF):	ASUVI	)				99
that initiated events resulting in death) LAST		CONOCCULINOE OF J.						land the se
PART II. Other significant conditions	contributing to death i	out not resulting in	the underlyin	g ceuse given in	PER	S AN AUTOPSY REORMED?	C	/ERE AUTOPSY FINDINGS NAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA 4	OTHER:	LACE OF DEATH (C	* Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, IN.	JURY AT	26d. DESCRIBE H		URED	
1 Natural 6 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,			YES 2 NO				
3 Suicida 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, str city)	reet, factory, offic	:0	281. LOCATION (St City or Town, S	reet and Number of State)	or Rural Rou	ite Number,
and	HAN: To the best of my known: On the basis of examination							and manner as stated,
29b. SIGNATURE AND TITLE OF CERTIFIER	tout , mo			Sac FICENSE NO				Aorith, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO		33 L M	Print)	T KAC	ERSTOL	v~, m	0 2	(1748
APR 24 90	32. REGISTRAR'S SIGN	fandell.						

00021 03.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT	OF HE	ALTH AND N	MENTAI	REG. NO.			
			Creyer				Apri	1 27,	1990	3. TIME OF DEATN 5:47	Рм
	4. SOCIAL SECURITY NUMBER 075 - 32 - 7487	1 🗌 M 2 💢 F	(In yrs. lest birthday) 88 YRS.		DAYS H	F UNDER 24 HRS. OURS MIN.	Apr	of BIRTH	1902 °	BIRTNPLACE (State or Fore Country) New York	ign
TOR	98. FACILITY NAME (If not institution, give str Meridian Nursing C Corsica Hills RESIDENCE OF DECEDENT	enter,		% Centreville						en Anne's	
DIRECTOR	Maryland Anne	Arundal		10c. CITY, TOWN OR LOCATION Annapolis					10d. INSIDE LIMITS 1 XX		
FUNERAL	10e. STREET AND NUMBER 20 Fitzgerald Dri	ve	J		10f. ZI	21401			CAR	of WHAT COUNTRY? ted States	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXWIdowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	lf y	yes, specif	DENT OF HISPAN ly Cuban, Mexican	n, Puerto I			RACE — American Indian Black, White, etc. Specify: White	i,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done du e retired.)		of working	16b	. KIND OF BUS		TRY	
	1.1 17. FATHER'S NAME (First, Middle, Last)	<u> </u>	eck	ife	1	6. MOTHER'S NAI	ME (First, I	Middle, Maiden S	OME Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) D Mrs. Nancy K. Sta	0	11 - 100			Number or Rural F Drive,					
	20a, METNOD OF DISPOSITION 1	oval from State	apitol Co	remate	ory S	Service			er, De	or Town, State laware 199	901
	21. SIGNATURE OF FUNERAL SERVICE LIC James, H	Barton, Jr.	7	22. N/	В	arton F .0. Box	uner			e, MD 216	17
	21 PART . Enter the diseases, or canonic shock, or heart feiture. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Dnly Dne cause on e			0. 171	of dying, such	1	diec or respi	ratory arrest,	Approximatinterval Bet Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	s contributing to deeth i	but not resulting	in the und	lerfying o	cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION DF CA OF DEATH? 1 YES 2 NO	O AUSE
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7005	OTHER:	:	CE OF DEATH (Ch		,		L	
	1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Out  28s. DATE OF INJURY (Month, Day, Year)	28b. TIM		ng Home 28c. INJUR WORK 1 YES	(7)		or (Specify) SCRIBE NOW II	JURY OCCUR	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		street, factor	ry, office			CATION (Street a or Town, State)	nd Number or I	Rural Route Number,	
COMPLETED	(Orlock Orly)	CIAN: To the best of my known R: On the basis of examination								ause(a) and manner as st	nted.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIES	Unic	of		2	DI23	MBER 45		29d. DATE SI	GNED (Month, Pay, Year)	
	John R. Smith,	Jr., M.D.,	Centre		, Ma	ryland	216	17		! {	
	31. DATE FILED (Month, D. PRAI)	32. REGISTRATES SIG	989494 dson-1	andelle							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR	STATE OF I	MARYLAND / [ CEI		ITMENT					YGIENI EG. NO.	E	91	)   440
1	1. DECEDENT'S NAME (First, Middle,		76 9						2. DATE OF I	DEATH		YEAR :	3. TIME OF DEATN
	Raphae	el Edward	Kirsch						May		1990	YEAR	11:45AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	oirthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF E	BIRTN		8. BIRTNPI Country)	LACE (State or Foreign
i	217 - 36 - 077	/9   1 ⊠ M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.		918		ryland
	9a. FACILITY NAME (If not institution,	, give street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DEA	ATH			NTY OF DEA	
8	59 Swann Hav					East	on		Talbot			:	
5	RESIDENCE OF DECEDER	OUNTY		10c. CIT	Y, TOWN (	OR LOCAT	ION					1	IOd. INSIDE CITY
DIRECTOR	Maryland 7			East								LIMITS?	
	10e. STREET AND NUMBER						ZIP CODE				10g. CIT		IAT COUNTRY?
8	59 Swann Hav	ven Road					2160	)1			Ur	nited	Śtates
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. ARM						IC ORIGIN? (S				- American Indian, White, atc.
BY F	1 Never Married 2 Married		I∏ YES 2∭ NO WAR OR DATES	)				n, Maxican Specify:	, Puarto Rica	n, atc.)		Specify.	
	3 Widowed 4 N Divorced											Whi	te
COMPLETED	15. DECEDENT (Specify only highes		16a. DECI	EDENT'S	Work done se retired.)	during mo	N st of workin	g	16b. KJN	ID OF BUS	SINESS/INI	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		Farme					1	\ onic	cultur	
ž I	17. FATHER'S NAME (First, Middle, Li	net)			raline	= 1	16 MOTI	HED'S NAM	AE (First, Midd			urtur	
ö	Joseph		irsch				10. 11011		rgare			neth	Hammer
BE	19a. INFORMANT'S NAME (Type/Prin			MAILING	ADDRES	S (Street a	nd Number		oute Number, (				TIGHIMIC E
6	Reba Kirsch Pa	atchett							East				21601
	20a. METHOD OF DISPOSITION		20b. PLACE O	F OISPO	SITION (N	ame of cer	netery; cren	natory or		20c. LO	CATION -	City or Tow	n, Stata
I	1 Surial 2 Cremation 3 4 Donation 5 Other (Specify	Hemoval from State	Holy	Cro	ss Ce	emete	ery			Gre	eenst	oro,	Maryland
1	21. SIGNATURE OF FUNERAL SERV	Tamos H	Barton	Ir	22.			SS OF FAC	aumy ieral l	Home			
	A serro	Built	Barton,	JI.					22, C		evill	le, MI	21617
	23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Finel	s, or complications the	at saused the desuse Dn each line.	th. Do	not ante			95					Approximate interval Between Onset and Death
	disease or condition resulting in death)	a. Cave	O (OR AS A CONSEOL	JENCE C	OF):		mø	(Ad	renoca	wei	NOV	(a)	414190
TION	Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSEOL	JENCE C	OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSEO	JENCE C	PF):				,				
Ä		d											
CAL	PART II. Other significant con	nditions contributing t	o death but not re	suiting	in the u	nderiyin	g cause	given in I	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
									1	YES 2			COMPLETION DF CAUSE OF DEATH?
H H									_				1 🗆 YES 2 🗆 NO
ž													
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF C	EATH (Che	eck only one)				
YSI	1 TES 2 NO		☐ ER/Outpatient 3		4 □ Nu	rsing Hon		sidence	6 Other (S				
ву Рн	27. MANNER OF CEATH  1 Natural 5 Pendin 2 Accident Investig	gation	Day, Year)		JURY	1 🗆	YES 2	□ NO	28d. DESCR	IBE NOW I	INJURY O	CCURED	
	3 Suicide 6 Could 4 Homicide determ	not be building	OF INJURY — At hon g, etc. (Specify)	ne, ferm,	street, fac	ctory, offic	<b>a</b>		261. LOCATIO	ON (Street fown, State)	and Numbe	er or Rural Ro	oute Number,
COMPLETED	cool only	PHYSICIAN: To the best XAMINER: On the basis of											and manner as stated.
BE	296. SIGNATURE AND TITLE OF CO	Earles	US				29c. LiC	ENSE NUM	BER		29d. DA	1	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERS	RHODES			o, Print) UTCH			Rhoo	des, N	1. D.	Eas	ton,	
	31. DATE FILED (Month, Day, Year)		PAR'S SIGNATURE	Pande	22	. 41/			. , ,				/
	1101 07 0	-	कर्णास्त्राच्याः ह	, ,									DHMH-16 Rev 1/89

10001 01

a labered to Cal

BALLIMORE, MARTLAND ZIZOS-3146	r death. Page 6 may the second and private or attending physician.	ne funeral director, page 1, 2, 3 should	aj.	examiner must be common and a second and a second and a second a s
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zeroscuis after death. Page 6 may be executed to attending physician.	7) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be settled from

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, La		oth Kroll			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	Kroll, Emi	T Y	eth Kroff			5 3	90	1127 A M
	4. SOCIAL SECURITY NUMBER		MON	THS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
	218-14-2650  9e. FACILITY NAME (If not institution, gi		YRS.	OUTY TOWN O	R LOCATION OF DEAT	Nov. 15,	1915 N	Maryland
œ					H LOCATION OF DEA			
5	Greater Laurel		pitai	Laurel		Prince George		
DIRECTOR	10e. STATE 10b. COU			WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Ann	e Arundel	Larue		ZIP CODE		10- CITIZEN O	1 ☐ YES \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
HA		Dood Ap+ 425			20724		USA	F WHAI COUNTRY?
BY FUNERAL	3563 Ft. Meade  11. MARITAL STATUS	12 WAS DECEDENT EVER II	N U.S, ARMED	13. WAS DECI	ENDENT OF HISPANIC	C ORIGIN? (Specify Yee	or No- 14. R/	ACE — American Indian,
7	1 Never Merried 2 Merried 3 7 Widowed 4 Divorced	FORCES? 1 YES	≱(∑NO ATES		cify Cuben, Mexicen, 2,,NO Specify:	Puerto Rican, etc.)	100	ack, White, etc.
	XX				ΛΛ 	I		White
E	15. DECEDENT'S I (Specify only highest g	rade completed)	(Give kind of work of the Do NOT use reti	AL OCCUPATION  fone during most red.)	st of working	18b. KIND OF BUS	SINESS/INDUSTRY	
PLE	Elementery/Secondary (0-12) UNKNOWN	College (1-4 or 5+) UNKNOWN	Reception	nist		0il Cor	npany	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Melden	Surname)	
BE (	William Haywort	h			Bertha	Lenox		
20	190. INFORMANT'S NAME (Type/Print) Bonnie L. Freit	an	195. MAILING ADD	ness (Street a	nd Number or Aural Ao	oad Mt.	n, State, Zip Code) Airv Mi	21771
de	20e. METHOD OF DISPOSITION	<u> </u>	b. PLACE OF DISPOSITIO				CATION — City or	
	1 Donellon 5 Other (Specify)	Removal from State	other place) leadowridge				timore,	
	21. BIGNATURE OF FUNERAL SERVICE	3800	/	22. NAME AN	D ADDRESS OF FACI	LITY		
-	10.00	to Vend h	/			Home, Inc.		MD 20707
	23. PART i Enter the diseases,							Approximate
	IMMEDIATE CAUSE (Finel	re. Liet only one cause on a	a 0 . i	0.1		۹.	Ann	interval Between Onset and Death
	disease or condition resulting in deeth)	Ca	rouc	70	man	Men	Mic	0
		DUE TO (QR. AS A	A CONSEQUENCE OF):	1	122/1	120g		i
NO	Sequentially list conditions, if any, leading to immediate	DUE TO LOS AS	A CONSEQUENCE OF)	2 1	-			
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	с	Sep.	575	1		_	
E	that initiated svente resulting in death) LAST	DUE TO (OBLAS	A CONSEQUENCE OF)	anla	ecular	2 dre	Maic	يكنا
CERTIFICATION		d	2000.	0 49		4	<u> </u>	1
	PART il. Other significent condi	tions contributing to death t	out not resulting in th	e underlying	g ceuse given in P	Part I. 24e. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						1 YES 2	NO	OF DEATH?
M						-   '		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA	AL		26. PL	ACE OF DEATH (Chec	ck only one)		
SIC	EXAMINER?	NOSPITAL:	patient 3 DOA 4	HER:	e 6 🗆 Residence 6			
РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT	28d. DESCRIBE HOW	INJURY OCCURED	)
BY	1 Netural 5 Pending 2 Accident Investigati				YES 2 NO			
	3 Suicide 6 Could not	be building, etc. (Spe	Y — At home, farm, stree ocify)	t, factory, offic	.	28f. LOCATION (Street City or Town, State)	end Number or Ru )	rei Route Number,
COMPLETED	200 CERTIFIER			at all				
MP	(Check only	HYSICIAN To the best of my know MINER: On the bests of examination						se(e) and menner ee stated.
	29b. SIGNATURE AND TITLE OF CENT	WIER V	1 0 0	/	29c. LICENSE NUMI	BER	29d. DATE SIGI	NEO (Month, Day 1997) D.
) BE			5	0			1 6	12/7
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	n)			-	
	24 DATE EILED #4 Co. Ve.	20 000000000000000000000000000000000000	MATURE					
	31. DATE FILED (Month, Day, Year)	1 Sulia Su	NATURE Pandall					

2011111

ere ly

BALTIMORE, MARYLAND 21203-3146	irs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPARTI CERTIFIC	MENT OF HEA		NTAL HYGIEN	E		
161	1. DECEDENT'S NAME (First, Middle, Last)	)				DATE OF DEATH	v ve	3. TIME OF DEATH	
	Elmer	I. Koe	nig			lay /	199	0 8:18 P M	
1	4. SOCIAL SECURITY NUMBER					DATE OF BIRTH (Month, Day, Ybar)	8. B	BIRTHPLACE (State or Foreign Country)	
	214-05-3746	1X M 2  F	/Z YRS.			Illinois			
1	9a. FACILITY NAME (If not institution, give						9c. COUNTY		
FUNERAL DIRECTOR	North Arundel H		Glen Bur	<u>rnie</u>		Anne Arundel			
REC	10e. STATE 10b. COUNTY			TOWN OR LOCATION	N		10d, INSIDE CITY LIMITS?		
ā	Maryland   Anne Arundel			Burnie			1 TYES 2 X NO		
RAL	10e. STREET AND NUMBER				IP CODE		10g. CITIZEN OF WHAT COUNTRY?		
¥  -	7414 BaltoAnna	p. BIVQ.	FD IN HE ADMED	-	21061	ODICINO (Consider Ven	U.S.A.		
	1 Never Married 2 X Married	FORCES? 1 I	YES 2 X NO	If yea, specif	Ify Cuban, Maxican, P			Black, White, etc.	
w	3 Widowed 4 Divorced	ii res, dire wan	ON DATES	1 1 123 2	A NO Specify.		Specify: White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S US (Give kind of wor	rk done during most o	of working	16b. KIND OF BUS	SINESS/INDUST	RY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use			Ctata	6 Mass1	ad	
\$ h	17. FATHER'S NAME (First, Middle, Last)		Office C		16. MOTHER'S NAME	State of		and	
Ö	Leo J. Koenig				Myrtle I	Committee and a second	Surreme)		
H C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A		Number or Rural Rout		n, State, Zip Cod	le)	
2	Ruby H. Koenig					d., Glen	Burnie	MD 21061	
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 1	moval from Stata	20b. PLACE OF DISPOSIT other place)				CATION — City		
ll-	4 Donation 5 Other (Specify)	ICENTEE	Glen Haven	Memoria	ADDRESS OF FACILI	<u>IGler</u>	<u>n Burni</u>	e, A.A., MD	
	AT		0						
	· Aced or	and w	_					nie, MD 21061	
	23. PART I. Enter the diseases, or shock, or heart failure			t entar tha moda	e of dying, such a	a cardiac or reapi	retory arreat,	interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	1-	T. 1/2	-0	D.	-		Onset and Death	
	resulting in death)	a. DUE TO (OR	AS A CONSEQUENCE OF):	raroce	1 an	eng		1202	
z		. Den	AS A CONSEQUENCE OF):	Ulm	Embe	2/1		2 whs	
Ě	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE OF):			6			
	CAUSE (Disease or injury that initiated events	c. OUE TO (OR	AS A CONSEQUENCE OF):	:				las	
E	reaulting in death) LAST	d	H 1840						
	PART II. Other eignificant condition	one contributing to de	ath but not regulating in	the underlying o	anua aluan in On	rt i. 24a, WAS AN	ALITODOV	24b. WERE AUTOPSY FINDINGS	
₹ I	COPA	One contributing to da	www.a	A	Early Committee	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE	
ED	0000	- Juan	words /	evar	aixing	1   YES 2	NO	OF OEATH?	
2						-		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLAC	CE OF DEATH (Check	only one)			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	6 - Reeldence 6	Other (Specify)			
PHYSICIAN: MEDICAL	27. MANUER OF DEATH  1 TV Netural 5 Pending	26a. DATE OF INJ (Month, Day,		RY WORK	K?	Bd. DESCRIBE HOW I	NJURY OCCUR	ED	
B	2 Accident Investigation				S 2 NO				
	3 Suicide 8 Could not be determined	a building, atc.	IJURY At home, farm, str (Specify)	eet, factory, offica	24	Bf. LOCATION (Street City or Town, State)		Rural Houte Number,	
	29a. CERTIFIER	CECIANIA TO AND A DOCUMENT							
COMPLETED	(Greek Dring		knowledge, death occurred Institution and/or investigation,					ruse(s) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFI	EH _ //	2 - 8		29c. LICENSE NUMBE	R	29d. DATE SI	GNED (Month, Day, Year)	
ω	(Dag) (	1 (1)80 ( A (2)80(1) 1 17744 ) -1							
2	David A. Schwartz, M.D., 300 Hospital Dr., #215, Glen Burnie, Md., 21061								
- 11									
10-	David A. Schwa	rtz,M.D.	300 Hospi	,	101	Glen Bui	rnie,M	1d.,21061	
10-	David A. Schwa 31. DATE FILED (Month, Day, Year)		300 Hospi	,	101	Glen Bu	rnie,M	1d.,21061	

the state of the s

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. 1	TIME OF DEATH	
.,	CHi -Wen	Kao	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 9	O I	CE (State or Foreign	
	220-60-7332			ONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 12,1	920	Country) China		
	9a. FACILITY NAME (If not institution, give s	treet and number)	9c. COUNT	Y OF DEATH	1					
DIRECTOR	Suburban Hospital Bethesda							Montgomery		
E E	10a. STATE 10b. COUNT	TOWN OR LOCAT	ION	10d	. INSIDE CITY					
		ntgomery	Roc	kville			LIMITS?  1X YES 2 NO			
₹	10e. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	12601 Celtic Co			20850		United States				
5	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES				IC ORIGIN? (Specify Yes n, Puerlo Rican, etc.)	or No 1	4. RACE / Black, Wi	American Indian, nite, etc.	
BY	3 X Wildowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		2 NO Specify			Specify:	riental	
	15. DECEDENT'S EDU	CATION	16a. OECEDENT'S US	PLIAL COCURATIO	MAI.	16b. KIND OF BUS	I INCOME (INCOME			
E	(Specify only highest grade	completed)	(Give kind of wo	rk done during mo: retired.)	st of working	IOB. KIND OF BUS	ME35/MOU	SINT		
اي	Elementary/Secondary (0-12)	College (1-4 or 5+)	Chef	,		Res	taura	nt		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Cher		40 MOTHERIO MAI	ME (First, Middle, Maiden	0			
	not available	_								
BE	19a, INFORMANT'S NAME (Type/Print)	3	The same of			available				
2	Benjamin Y. Kao					Ckville, I			20850	
-										
	20a. METHOD OF DISPOSITION  12 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	owal from State	other place) Parklawn M	· ·			cation — ci kville		ryland	
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	ID ADDRESS OF FAC	ÇILITY	. 7	- 15	1	
	* Ranny:	Farrah	M00198	300 W Rockv	est Mont ille, Ma	hrey Funer gomery Ave ryland 20	ai Ho nue 850-2	те/ко 805	Inc.	
	23. PART i. Enter the diseases, or								Approximate	
	iMMEDIATE CAUSE (Final disease or condition	Liet Dnly Dne ceuse on	tw.	fan	Im				interval Between Onset and Death	
	resulting in deeth)	B. DUE TO (QR AS	A CONSEQUENCE OF		- 4					
z	- Esophogen leak premoner									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	A DUE TO (OR AS	CONSEQUENCE OF):	.1	1.11	1.	nt			
CA	ceuse. Enter UNDERLYING CAUSE (Disease or injury	June	a fum	n	many	1	80			
E	that initiated events	DUE TO JOR AS	A COMSEQUENCE OF:		X /.	- 00 60				
E	resulting in death) LAST	" Carrie	2000	211	PRES	of cara	non	4		
	PART II. Other significant condition	ns contributing to death	but not resulting in	the underlying	o ouse given in	Port I. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL			5	- 55	0	PENFOR			MEABLE PRIOR TO MPLETION OF CAUSE	
						1 D YES 1	X NO		DEATHT	
Σ	-							1 10	YES 2 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL			24 01	ACE OF DEATH (CN	ant ant and				
$\overline{c}$	EXAMINER?	HOBPITAL:		OTHER:						
\ X	1 YES 2 X NO 27. MANNER OF DEATH	1 (Xinpatient 2 D ER/Ou 28s. DATE OF INJURY			uny AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW I	H HIRN DOOL	unen.		
	1 SDBeturel 5 Pending	(Mogth, Day, Jear)	E 2 INJU	RY WO	VEB 2 NO	200. DESCRIBE NOW	HAUNT OCCU	milio		
B	2 Accident Investigation	4-4-	70			nes a representation of the con-	and Monthley	or the cold the de	Market .	
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp	RY — At home, farm, str secify)	тват, гакскогу, отно		28f. LOCATION (Street City or Town: State)		r Hurar House	MUMON	
9	29a. CERTIFIER									
MP	(Check only	BICIAN: To the best of my kno ER: On the basis of Amminati							d manner on stated	
8		- //	andro investigation	, in my opinion, c						
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	Oles		1.	29c. LICENSE NUI		29d. DATE		orith, Day, Year)	
6	10-1.	77		My	D 0302	5		> -7	-20	
-	30. NAME AND ADDRESS OF PERSON WI	//						-		
	Vicente C. De Gi			inley St	reet, E	Bethesda, 1	Maryla	and 2	20814	
	31. DATE FILED (Month Day Year)	32. REGISTRAR'S GIG	dren-Rando DO							

10/11/01

will a min pay got

THE R P. LEWIS CO., LANSING, MICH.

they are that your and the second

1	١
	1
	4
ind at m	0 10 00
he nettil	DO HOM
Ar much	Dentill in
il avamin	CAGILLIA
e medica	o modern
avent th	Crom, in
offerment	nammana
other !	DING.
Interes A	minn.
200	9

STATE OF MARYLAND / DEPARTMENT	OF HEALTH ANI	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			NTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Shektong	Kwong				DATE OF DEATH	9 YEAR	3. TIME OF OEATH  4 35 P M		
- 9	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		F UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	6. BIR	THPLACE (State or Foreign		
	575-17-3341	1 M 2 - F	71 YRS.	ONTHS DAYS	nouns min.	ec. 1, 19		China		
vee	9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN OR LOCATION OF DI					DEATH		
OR	Suburban Hospita	.1	sda Montgomery							
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	TY	10c CITY	TOWN OR LOCAT	ION		10d. INSIDE CITY			
E I		ntgomery		rnesto			LIMITS?			
2	10e. STREET AND NUMBER	iregomery	1 100		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
RA	13215 Dodie Driv					20878				
FUNERAL-DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPANIC		or No- 14. R/	Kong		
	1 Never Married 2 Married	FORCES? 1 YES			city Cuban, Maxican, P. 2XXNO Specify:	uarto Rican, etc.)		sck, White, stc.		
BY BY	3 Widowed 4 Divorced							Oriental		
COMPLETED	15. DECEDENT'S EO (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S U (Give kind of wo	SUAL OCCUPATION  rk done during modelined.)	N st of working	18b. KIND OF BUS	INESS/INDUSTRY	' I		
9	Elementary/Secondary (0-12)	College (1-4 or 5+) 4+	Teacl			Hone Vor		stion Don't		
₹	17, FATHER'S NAME (First, Middle, Last)	71	Teaci	ier	18. MOTHER'S NAME			ation Dept.		
8	Woontak Kwong				Oitai C		sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING A	DDRESS (Street I	nd Number or Rural Rout		State Zin Code)			
0	Waisyn Kwong		S. Marchine		rive Darn	2.73 AUG		3 20070		
	20a. METHOD OF DISPOSITION	20t	. PLACE OF DISPOSIT				CATION — City or			
	1 Burial 2 Cremation 3 Rail	moval from Stata	other place)		torium, I	nc. Bet	hesda.	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AI	ID AODRESS OF FACILI	TY Robert	A. Pumr	phrey Funeral		
	· Wal 37	Sory On	M00672	Home Wisc 208	Bethesda Onsin Ave 4-3501	-Chevy Ch nue, Beth	nase, If nesda, N	ohrey Funeral		
ATION	23. PART i. Entar tha disease, or complications that caused the death. Do not enter tha mode of dying, such as cardisc or respiratory street, shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Oue To (OR AS A CONSEQUENCE OF):  A CUTE MEGA KAYYOCYTIC LCUKEMIC 3 MO  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  CAUSE (Disease or Injury that initiated events are sufficientl									
MEDICAL	PART II. Other algoriticant condition	ART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause givan in Part I. 24a. WAS PER 1   YE						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO		
ž		·								
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Check					
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 Nanpatient 2 ER/Outp	patient 3 DOA 28b, TIME		URY AT 26		LILIAN COCIDE			
	1 Natural 5 Pending	(Month, Day, War)	INJU	RY WO	PRK?	ed. DESCRIBE HOW I	A			
BY	2 Accident Investigation 3 Suicide 8 Could not by	28e. PLACE OF INJURY	/ — At home, farm, et			Bf. LOCATION (Street a	and Number or Rui	rel Route Number,		
딢	4 Homicide 8 Could not be determined	building, atc. (Spec	(ify) AII A			City or Town, State)	11A			
9	29a. CERTIFIER AND CERTIFICATION DAY	(SICIAN). To the best of my least			and alone and due to					
COMPLETED	one)	SICIAN: To the best of my know NER: On the basis of exemination						se(s) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIF									
BE	Jack.	a . V=	Li		29c LICENSE NUMBE	291	29d. DATE SIGN	150 (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,		+ XO	110	3/	0/10		
		ENA KIRW	IN FGO	6 104	00 Conn.	HVe. Kei	nsingto	m M) 20895		
	MAY 1 1 290	32. REGISTRAR'S SIGN		2.						

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
si examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
wai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp

												90	البلبا	Ub
	1 - STATE REGISTRAR	STATE OF M	IARYLAND / Ce			OF H				HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	DIIMII	177777 T737	17701	777				2. DATE OF MONTH	DA	Y	YEAR	3. TIME OF DEATH	
	Ruth Ko	eh RUTH			JH					8, 1	990		4:30	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTH	1.0	8. BIRTHP	LACE (State or Foreign	gn
	169-28-5711	1 M 2 K F	71	YRS.					0971	4/19	18	Penr	nsylvan	ıa
-	9a. FACILITY NAME (If not institution, give str				9b. CITY	r, TOWN O						NTY OF DE		
OB	St. Agnes H	ospital				B	alti	Lmor	e		Bal	Ltimo	ore Cit	У
5	RESIDENCE OF DECEDENT  18a. STATE 18b. COUNTY	·		10c. CITY, TOWN OR LOCATION							Τ.	IOd. INSIDE CITY	_	
DIRECTOR	Maryland Char		Port Tobacco						1 🗆				0	
	10e. STREET AND NUMBER				101.	ZIP CODI	E		10g. CITIZEN OF WHAT COL					
R	Rt. 1 , Box 1	126					20	677	7		Ţ	J.S.A	A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED							or No-	14. RACE	– American Indian, White, etc.	
									White					
ВУ	3 Widowed 4 Divorced						Χ						wnite	
띹	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S	USUAL O	during mo	N st of workin	ng	16b. K	IND OF BUS	SINESS/INI	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+	) [							Date	Тжог		ctation	
COMPLETED		_1	30	1100.	L DU	is C				-		ispoi	Lation	
	17. FATHER'S NAME (First, Middle, Last) Howard S.	Pomery							beth		sumame) alke	22		
BE	19a. INFORMANT'S NAME (Type/Print)	1 Office y					L		Route Number					
2	Mr. Robert B.	Koch											20677	
	24g: METHOD OF DISPOSITION		20b. PLACE						1010			City or Tow		
	1-0 Buriel 2 Cremetion 3 Remo	wal from State				Cem						ille.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				NAME AN			CILITY	1				_
	>19. ·1 1	00	· Le			Arg	hart	Fu	in <u>e</u> ra	1 Ho	me,	Inc, I	a Plat	a,1
	23. PART i. Enter the diseases, or c	- CCN	49	oth Do									Approximate	
	shock, or heart failure. I				not ente	i die illo	ue or uy	my, suc	ar as cardie	с ог төөрг	ratory er	rest,	interval Bet	ween
	IMMEDIATE CAUSE (Finel disease or condition	D.	p Fai	1									Onset and I	Death
	resulting in death)	DIE TO	(OR AS A CONSE	OLIENCE O	ED:									
_	_	10	AC.		. ,.									
CERTIFICATION	Sequentielly list conditions,	DUE TO	(OR AS A CONSE	QUENCE C	F):		,							
AT	If any, leading to immediate cause. Enter UNDERLYING	MI		ung	É	out	use	in	1					
IFIC	CAUSE (Disease or injury that initieted events	DUE TO	(OR AS A CONSE	QUENCE	F):									
H	resulting in death) LAST	1											-	
	PART II. Other significant condition	s contributing to	death but not r	resulting	in the u	ndertvine	cause :	given in	Part i. 2	4a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINE	DINGS
MEDICAL	SARCOIDOS									PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CA	
8	APP? Hum	ixl -							— II	1 TYES 2	NO MO	- 1	OF DEATH?	
	hypoalle	minen	110				-		_				1 YES 2 NO	,
AN	25. WAS CASE REFERRED TO MEDICAL	uunc 1		_	_	26. PI	ACE OF D	DEATH (Ch	heck only one)					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		n 5 □ B	esidence	6 Other	(Specify)				
PHYSICIAN:	27. MANNED OF DEATH	26a. DATE OF	INJURY	26b. TH	AE OF	28c. INJ	URY AT			RIBE HOW I	NJURY O	CCURED		
	1 Netural 5 Pending	(Month, D	lay, Year)	184	JURY		YES 2	□ NO						
) BY	2 Naccident investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At he etc. (Specify)	ome, farm,	street, fac	ctory, offic	•			ION (Street of Town, State)		or or Rural Ro	oute Number,	
딢	4 Homicide determined	bonding,	C (Specify)	an	acci.	den	£ .		City or	iown, State)	'			
2.6	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	eth occur	red at the	time, date	and place	, and du	a to the cause	e(a) and me	nner as st	nted.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	investigati	on, in my	opinion, d	leath occu	red at the	time, data a	nd place, er	nd due to 1	lha cause(a)	and manner as sta	nted.
E C	296. SIGNATURE AND TITLE OF CERTIFIER							ENSE NU			29d. DA	TE SIGNED	(Month, Day, Year)	
10 B	Sua Sulvan	سہ د	-				Res	iocut	AS2438	528-681	•	5/8	3/90.	
	10. WASE AND ADDRESS OF PERSON WHI	O COMBI STED CALL	SE OF DEATH TITE	M 27) /Ten	a Delegt									

ANO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

MAY 1 1 90

32. REGISTRAR'S SIGNATURE Julia Sairdson-Rendell

DHMH-16 Rev 1/89

d.

.

11 11

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page 6 into THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

	1 - STATE REGISTRAR	STATE UF M					DEAT		MENIAL HYGIE REG. N				
-	1. DECEDENT'S NAME (First, Middle, Last)								2 DATE OF DEATH		YEAR	3. TIME OF DEATH	
	JOHN	D.	KELLY		1				April 16,	<b>~1</b> 990		3:00 A M	
	4. SOCIAL SECURITY NUMBER 213 22 6474	5. SEX Male	6. AGE (In yrs. last 92	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH June 1, Young	897	6. BIRTH	Land (Cork	
e	9a. FACILITY NAME (If not institution, give s Magnolia Hall (	treet and number) Morgnec N	eck Roa	d)			erto		EATH		ent		
ဥ	RESIDENCE OF DECEDENT	F DECEDENT											
DIRECTOR	Maryland Ke	nt		Chester town								10d. INSIDE CITY LIMITS?  1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 104 Maple	Ave.				101	ZIP CODI	1620	)	10g. CIT		HAT COUNTRY?	
BY FUN	11. MARITAL STATUS Married  1 Never Married 243 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE			ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year of No Specify Cuban, Maxican, Puarto Rican, etc.)  1 Yes 2 No Specify: No						aa or No-	or No— 14. RACE — American Indian, Black, White, atc.  Specify: white		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	ve kind of	WSUAL O work done se retired.)	during mo	st of workin	mer	186. KIND OF E	USINESS/IN	DUSTRY		
Ř	17, FATHER'S NAME (First, Middle, Last)			_			10 MOTE	JEDIS NA	ME (First Middle Maid	on Cumamal			
E CC	Daniel		Kelly	7			16. MOT	Ma	ary Sul.	livan			
2	Jack P. Kelly			3412	Fo1	s (Street a	nd Number	Road	Alexand		Va.	22308	
4	20e. METHOD OF DISPOSITION  1	novel from State	20b. PLACE Cother pie	ce)					1, 1990	Chest	city or To	wn, State vn , Md .	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	onesco	-	-		D ADDRE			.O. B	ox #	264	
	· Helil	lio U	Jell	1	J	. Wi	llis	Wel				Md. 21620	
	23. PARTY LEnter the diseases, or shock, or heart failure.  IMMED TE CAUSE (Final disease or condition resulting in death)	a. Arterio	se on each ilna.	ic C	ardi					ipiratory a	rreat,	Approximate interval Between Onset and Death	
ATION	Sequentially list conditions, If any, leading to immediate												
CERTIFICATION	CAUSE. (Disease or Injury CAUSE (Disease or Injury that initiated events resulting in death) LAST												
	PART II. Other significant condition	na contributing to	death but not n	esulting	in the u	nderlyin	Called I	niven in	Part I 24s WAS	AN AITTOPEY	245	WERE ALTTOPSY FINDINGS	
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 KNO  24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO OF CLOTH COMPLETION									AVAILABLE PRIOR TO COMPLETION OF CAUSE			
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	neck only one)				
<u> </u>	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 E Nu	R: Irsing Hon	10 5 🗆 Re	esidence	8 Other (Specify)				
	27. MANNER OF DEATH  1 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TII	ME OF JURY M	W	URY AT ORK? YES 2	] NO	28d. DESCRIBE HO	N INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide s Could not be 4 Homicide detarmined	28a. PLACE Of building,	F INJURY — At horate. (Specify)	me, farm,	street, fac	ctory, offic			281. LOCATION (Stre City or Town, Str		er or Rural i	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Par						012				(Month, Day, Year) 16, 1990	
2	30. NAME AND ADDRESS OF PERSON WI Robert W. Farr,	M.D.	Cheste	1 tow	e, Print) M	ld. 2	1620		*				
7	31. DATE FILED (Month, Day, Year) APR 17 '90		A'S SIGNATURE Davidson-	Rend	000								
		1		21-100	~~								

31

L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25, yours after death. Page 6 may be retained by the hospital or attending physician.	hay be retained by the hospital or attending physician.
The second secon	
. DIRECTOR, After this certificate has been signed by the attending physician and completely lilled in by the time in by the attending physician and completely lilled in by the attending by the attending physician and completely lilled in by the attended	page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh vid

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22, yours after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

90-14408

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	MENT OF H	EALTH AND I	MENTAL	HYGIENI REG. NO.	E 70	-/4	4408	
	1. DECEDENT'S NAME (First, Middle, Lest) MARY	JOSEPH KEISE	IR		Ė	2. DATE O	OF OEATH DA	18 §	40	19:51 M	
	4. SOCIAL SECURITY NUMBER 217-10-5545 F	1 □ HaXIs 9	n yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH 23' 18	97 MT	VAS		
TOR	95. FACILITY NAME (If not Wistlution, give :  SACRED HEART HOBE RESIDENCE OF DECEDENT		TON_DR		LAND, MD			9c. COUNTY ALLEG			
DIRECTOR	10a. STATE 10b. COUNT	v LEGANY	10c. CITY	ALE	ION		INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	100. STREET AND NUMBER 974 NAT	IONAL HIGHWAY	7	101. ZIP CODE 21502					10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DO	2 NO	If yes, sp	ENDENT OF HISPAN acity Cuban, Maxica 2 XNO Specify	n, Puerto Ri		Yaa or No- 14. RACE - American Indian,			
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondery (0-12)	CATION completed)  College (1-4 or 5+)	18a. DECEDENT'S (Give kind of withe. Do NOT us) HOUSEK	ork done during mo e retired.)	DN st of working	16b.		SEKEEPI			
NO	17. FATHER'S NAME (First, Middle, Last)		LIOUSEN		18. MOTHER'S NA	ME (First, M					
BE C	JOHN COLIN	GRAHAME			MARGAI						
0	190. INFORMANT'S NAME (Type/Print)				nd Number or Rural I				de)		
	THOMAS KEISER  200, METHOD OF DISPOSITION	200	. PLACE OF DISPOS		INTO MARY	LLAND		CATION — City	or Town,	Stata	
	1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	other place) S.PETER	& PAUL	CATHOLIC	CEME	TERY (	CUMBERI	AND	MARYLAND	
	21, SMINITUME OF FUNERAL SERVICE L	CENNEE		SILCO	D ADDRESS OF FA K-MERRIT ECATUR S'	r fun			MARY	ZLAND	
	23. PART I. Enter the diseases, or shock, or heert fellure.	complidations that caused Liet only one ceuse on e		ot antar tha mo	da of dying, auc	h as cardi	lac or reapi	ratory arreat	,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Respir	itors	AVV	est					Onset and Death	
z	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Due to (or as a consequence of):  Sequentially list conditions,  Due to (or as a consequence of):										
ATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE 76 (OR AS	CONSEQUENCE OF	7):							
CERTIFICATION	CAUSE (Diseese or Injury that initiated events resulting in death) LAST	c. OUE TO (OR AS A	A CONSEQUENCE OF	r):							
	PART II. Other aignificant condition				g cause given in	Pert i.	24s. WAS AN			RE AUTOPSY FINDINGS	
BY PHYSICIAN: MEDICAL	_ cerebra	Vagruby	a cci.	lent		_	PERFOR		OF	JILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one	9)				
YSIC	1 TYES 2 YNO	HOSPITAL:			ne 5 🗆 Rasidenca	_					
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  1 YES 2 NO								NJURY OCCUR	ED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, soify)			281. LOCA City o	ATION (Street or Town, State)	and Number or	Rural Route	Number,	
COMPLETED	One)	SICIAN: To the best of my know ER: On the basis of examination							ause(a) an	d manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIC	WO, A	W,		DII9	MBER 25		29d. DATE SI	IGNED (Mo	orth, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	0 909	A SETC	N DRI	v4 C	4 cmp	rela	el.	mo.	
	31. DATE FILEQ (Month, Day, Year)	32 REGISTRAR'S SIGN	NATURE						1.7		

(	1000	E	Proge 1 3 should	)	
7	BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunial-transit permit	yal.	

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the bost of the PUNCIAN COMPREAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF M		ERTIF					AIEN IV	AL HYGIEN REG. NO.	=		0 19905
7	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	Sarah	_o wer	4						Mon 5			90	2:10 Am
8	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER	24 HRS.		E OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	577.60.0129	1 M 2 X F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		9-3.0	9		Virginia
	9a. FACILITY NAME (If not institution, give t	street and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF OE	HTA		9c. COU	INTY OF O	Anne
5	Anne	Arundel G	eneral 1	Hosp	140	na	poli	S			14	- 17	· Arundel
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	γ		10c. CIT	Y, TOWN C	R LOCAT	ION						10d, INSIDE CITY
DIRECTOR		A mum d o 1							Ma	1			LIMITS?  1  YES 2  NO
	10e. STREET AND NUMBER	Arundel		Cro	ofton	_	ZIP CODE		Ma	ryland	10g. CIT	IZEN OF V	WHAT COUNTRY?
H.	1433 Crofton Pari	kr.1937					2111	/1			IIn.	itad	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED	13. 1	MAS DEC	ENDENT O	F HISPAN	IIC ORIG	IN? (Specify Yea		14. BACI	E — American Indian,
	1 Never Married 2 Married	IF YES, GIVE W						n, Maxica: Specify		o Rican, etc.)			white, etc.  White
) BY	3 Widowed 4 Divorced		941-194										wnite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done o			g		Nations			Relations
۲	Elementary/Secondary (0-12)	College (1-4 or 5 +							- 1				rernment)
Š	17. FATHER'S NAME (First, Middle, Last)	+	1 36	ecret	ary		16 MOTI	IED'S NA		. Middle. Maiden			02111110110)
	Franklin Matthew	vs					Ev		ME (1 N3)	(Unava	,	ole)	
BE	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural F	Route Nu	mber, City or Tow			
2	Michael Lowery		1	1433	Crof	ton	Park	way	Cro	fton Ma	ry1a	and 2	1114
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Na	me of cen	netery, cren	natory or		20c. LO	CATION	- City or To	own, State
	1 Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	loval from Stale	Metro		tan	Crem	ator	y		Alex	candi	ria V	/irginia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	^		22.	NAME AN	D ADDRE	SS OF FA					
	► Kolient E	618ani	2 10	200)						eral Ho			vland 20715
	23. PART i. Enter the diseese, or	complications that	caused the de	eeth. Do									Approximate
	ahock, or heert feilure.  IMMEDIATE CAUSE (Finel	Liet only one ceu	se on eech line										interval Between Onset and Death
	diseese or condition	20		(0)	asti	110	(6	LINCO	NO				2 years
	reaulting in death)	DUE TO	OR AS A CONSE										
Z		b											
	Sequentielly liet conditione, if eny, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):								
2	CAUSE (Disease or Injury	c.	OR AS A CONSE	OUENCE O	E):								
	that initieted events reauting in deeth) LAST	DOE 10	ON AS A CONSE	OOENCE C	r).								
CERTIFICATION		d											1
CAL	PART ii. Other algnificent conditio	A A				derlyin	ceuse	given in	Part i.	24a. WAS AN PERFOI		241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		ladder	Can	Cec						1 TYES 2	ON		COMPLETION OF CAUSE OF DEATH?
MED													1 TYES 2 NO
ż													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only	one)			
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		26b. TIR		28c. INJ		saldenca	_	ther (Specify)	N III III O	CCURED	
	1 Natural 5 Pending	(Month, D		IN	JURY M	WC	PRK?	∃ NO.	200. L	ESCRIBE NOW	NJUNY O	CCORED	
В	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE O	F INJURY — At h	ome, farm,	street, fac				261, L	OCATION (Street	and Numb	er or Runal	Route Number,
	4 Homicide 6 Could not be	building,	etc. (Specify)						C	ity or Town, State,			
W	29s. CERTIFIER CEPTIEVING PHYS	NCIAN: To the heat of	my knowledge d	anth annua	and and About	ilmo dela	and alone	and due	la sha			eted :	
COMPLETED	(Check only one) 2 MEDICAL EXAMIN												(a) and menner as stated.
ပ္ပ			- 0		.,	,							
B	296. SIGNATURE AND TITLE OF CERTIFIE	Yolous	dille				2ve. LIC	ENSE NU	SS		290. 04	CLI	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH /ITE	EM 273 /750	e Print)			10	00			7 171	10
	Stunut 1	= . <010	UICa.	1/4.0		Fuoi	dela	2 54	. 1	Junas	olis	Mid.	. 21014
	- 1 - W - 1		-ULUVEL I										
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	,	- 1	1000			,		- (1)		1017

8	5		2
8	age		9
May	ď,		15
9	ecto		Ē
oge.	P		ě
4	era		듵
dear	fun		BXB
fter	the the	Ova	7
60	5	rem	age of
ğ	P	6	Ē
24	1	'n,	a e
듩	tely	mat	t,
×.	nple	Cre	Ven
Jted	8	139	9 3
Xec	and	3	Ħ
60	an	5	늘
te	Sic	P	丰
iffice	F	ane	i i
Cert	ding	Ž	0
ath	tten	E E	0
e de	)e a	Мел	5
5	by #	B	든
the state of	pa	th a	any
ires	Sign	leal	50
nba.	Les.	10	P C
M	S	ď.	63
9	ha	ă	2
E	cate	State	<u>=</u>
SIA	irtif	pe ;	6
S	S	4	Ď,
표	#	×	¥
ING	Affei	leat	Ĕ
S	8	D Je	- 50
F	6	aft o	28
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be re	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	! hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	litem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
-	7	-	-

HOSPITAL FUNERAL within 72 MPORTANT: II

黑黑麗

OF VITAL

DIVISION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

8

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 90 awler 'AMM 12050 AKA Rose Marie Lawler 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2/2 F 578-10-1407 July 15 1908 Pennsylvania 9a. EACHLITY NAME (If not institution, give street 9c COUNTY OF DEATH Souther DIRECTOR und 701 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY LIMITS? TY YES 2 NO Washington D.C 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 2802 31st Street S.E. 20020 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TES 2 NO Specify: ¥ 3 🔀 Widowed 4 🔲 Divorced white COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 12 cafeteria manager Public Schools 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Dolan Anna Laurin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2802 31st Street S.E. Anne Onuska Washington D.C. 204 METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION - City or Town, State Cedar Hill Cemetery Suitland MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert E. Wilhelm Funeral Home, Inc. Suitland Maryland 20746 pr compilcations that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory errest, 23. PART I. Enter the disea Approximate ahock, or heert failure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) Subarach DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. alle De.

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION DF CAUSE 1 YES 2 NO OF OEATH? 1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

3 Suicide

4 Homicide

26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 8 - Other (Specify)

27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident

296 SIGNATURE AND TITLE OF CERTIFIER

8 Could not be

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29c. LICENSE NUMBER

126352

28f, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER
(Check only one)

MENICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and memore as stated.

Va ffa	te-
30. NAME AND ADDRESS OF PERISON	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1131 Tiscatawal

Mc

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day '90 a Davidson-Randall

DIRECTOR

FUNERAL

BY

ED

ET

COMPL

-	_	y	
BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Phours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	
13146,	pecuted withle	and complete burial, cremi	
BOX	ificate be e	physician ane prior to	
P.O.	ath cer	ttending tal Hygi	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the de	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.	
OF VITAL	HYSICIAN: The lan	his certificate has with the State Dep	
NOISIAIC	OR ATTENDING P	DIRECTOR: After the	

the	det		5
6	2		Ħ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
ret	S		not
be	age		pe
5 may	tor, p		inst
age	direc		H 16
m. P	erai		틭
r dea	ne fur	al.	еха
afte	by th	NOW!	lical
hours	u pa	07 F	HE
24	y fille	tion,	the
vithir	oletel	rema	ent,
ted v	Comi	ial, c	8
DOBCE	and	pnq o	natic
Pe	cian	ior to	Une.
cate	Mysi	e pri	er to
ertif	ing i	vgien.	5
th c	puel	Í	0
des	ne at	Aent	un,
H Th	by d	pur	in /
s the	peu	the same	an
quire	n sig	f Hea	OWS.
W re	pee :	pt. o	3 84
he la	has	e De	m 2
N: T	ficate	Stat	=
SICIA	certi	the	. 0
H	this	With	ked
NG F	fter	eath	T ST
ON:	R. A	er d	00
F	6	3 aft	28
8	DIRE	hour	tem item
MA	AL	R	=
SOSP	UNE	rithin	ANT
王里	HE E	w be	ORT
101	101	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP

NO

CERTIFICAT

BEG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF GEATH YEAR Vesu -ope ? 18:45 05 940 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 578-74-3334 1 WM 2 | F VRS 01/02 1944 Gratemala 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH WASHINGTON ADVENITIST HOSPITAL TAKOMA PARK Montgonery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10h. COUNTY 10a. STATE 10d. INSIDE CITY D.C. Washington 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20010 1741 Kenyon Street, N.W. Guatemala 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 XYES 2 No. Specify:

CLAITEMALAN II MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED t4. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1X Never Married 2 Married 3 Widowed 4 Divorced Hispanic 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher College (1-4 or 5+) Elementary/Secondary (0-12) 12th grade Warehouse Worker Ginns Office Supply 17. FATHER'S NAME (First, Middle Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Juan Lopez Ortiz Felisa Marroguin Muroz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1741 Kenyon Street, N.W. Washington, D.C. 20010 Ana E. Lopez 20e. METHOD OF DISPOSITION
120 Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Mt. Olivet Cemetery Washington, D.C. 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND A OORESS OF FACILITY W.H. Bacon Funeral Home W.HI sa 3447 14th Street, N.W. Washington, D.C. 20010 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in death) Peritonitis
DUE TO (OR AS A CONSEQUENCE OF): 5 days Gastric Caccinoma, Arobably metastatic
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL:
1 Kinpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1-Return 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DC. 15632 2 Vonglas Vax Goeren, MO 1011 N. Casi 32. REGISTRAR'S SIGNATURE 31, DATE FILED (Month, Day, Year) '90

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DE CER			F HEALTH			IENE . NO.		
	Clarence Walt	er L	INDSAY					2. DATE OF DEA MONTH		YEAR 90	3. TIME OF DEATH 2:50 p M
	4. SOCIAL SECURITY NUMBER 214-09-3861	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. last bir	thday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTY (Month, Day, Yo Oct. 30	), 190	Count	HPLACE (State or Foreign land
B	90. FACILITY NAME (If not institution, give a Ravenwood Luther		e			STSTOWT		ATH		shing	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10		r, TOWN OR						10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ington		Ha	agerst	101. ZIP COE			1		1 TYES 2 NO WHAT COUNTRY?
BY FUNERAL	330 Robinwood Dr 11. MARITAL STATUS 1  Never Merried 2  Merried 3  Widowed 4  Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 MNO OR DATES	D	If ye		OF HISPAN en, Mexica	IC ORIGIN? (Spec n, Puerto Rican, el	Ify Yes or No-	Blec	E American Indian, ck, White, etc. city: 11 te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give in	kind of v NOT us	USUAL OCCU work done duri e retired.)	ng most of work	ing		of Business		
BE COM	17. FATHER'S NAME (First, Middle, Last) Walter C. Lindsa	У				18. MOT	HERS NA	ME (First, Middle, A			
2	Marie J. Knapp		1:	25 1	Notti	ngham F	kd.,	Hagerst	own, M	d. 21	
	28a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem  4 Donation 8 Other (Specify)		Rest H	oispos avei	n Ceme	etery		1	de LOCATION Hagers		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	Mi.	nnie	1	MIN		UNER	AL HOME	Hager	stown	, Md. 21740
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	List only one caus								arrest,	Approximata Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition  MeTasTaTiC  CVAs.		The state of the s			ca 5		T	WAS AN AUTOP ERFORMED? YES 2 NO		Ib. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA	OTHER:	26. PLACE OF		eck only one)  6  Other (Speci	(fy)		
ву Рну	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY 2	28b. TIM	IE OF 2	C. INJURY AT WORK?		28d. DESCRIBE		OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building, o	F INJURY — At home etc. (Specify)	, farm,	street, factor	, office		281. LOCATION City or Town	(Street end Nur , State)	mber or Rure	Route Number,
COMPLETED	CONSCR OWN	ER: On the best of ex									o(e) and manner as stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIE	Miss				29c. LI	CENSE NUI	MBER	29d.	S-(-	ED (Month, Day, Year)
	31. DATE FILED (Month, Dev. 160)	m/s	1933 V	dell	Ave	+ Ha	sens	now,	1d. 2	176	Ø

BALTIMORE, MARYLAND	- nours after death. Page 6 may be retained by the hospita	filled in by the funeral director, page 5 should be detached in or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nouns after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the Markal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. OECEDENT'S NAME (First, Middle, La	MILTON	HOWARI				DEATH		- 1	DAY	YEAR 90	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER 24 H		7. DATE OF BIRTH (Month, Day, Year)		Country	
)	218-03-5280	1 🕅 M 2 🗆 F		8 7 YRS.					2-13-	_		ryland
Œ	90. FACILITY NAME (If not institution, gi	NSg.	Canto	1	9b. CITY		OR LOCATION O				INTY OF O	
610	Colton Villa		Cente				gerst	ou		1 100	05 N	ingtor
DIRECTOR	Maryland 10b. COU	Washingto	n		Y, TOWN Hage							10d INSIDE CITY LIMITS?
	10s. STREET AND NUMBER						ZIP CODE			1		HAT COUNTRY?
FUNERAL	*15 Oak Hill A						21740				.S.A.	•
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. 1 YES 2X WAR OR DATES	ARMED NO		If yee, sp		exicen,	ORIGIN? (Specify Y Puerto Ricen, etc.)	ee or No	14. RACE Black Specif	- American India t, White, atc. by: White
ETED	15. OECEDENT'S E (Specify only highest go		16e,	DECEDENT'S	USUAL O	CCUPATIO	ON ast of working		16b. KIND OF B			
E	Elementary/Secondary (0-12)	College (1-4 or 5					sician writer		Insur		-	
COMPL	17. FATHER'S NAME (First, Middle, Last)	4	111	Julall	CE U	nuer			Baltin		<b>sympr</b>	iony
			yon				200	E11		,	Galvi	In
) BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRES	S (Street a			ute Number, City or To			
5	Helen E. Lyon	1		815	Oak 1	Hill	Avenu	e,	Hagersto	wn, M	d. 21	1740
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	Hebr	CE OF DISPO	SITION (M	me of cer	cemet	y or	20c. L	OCATION -	City or To	
	21. SIGNATURE OF FUNERAL SERVICE					-						
		CUCENSEE			22. A	NAME AN	NO ADDRESS C	F FACI	шту	11		Ten
	The state of the s		du		22. Ai	name andre	W K. C	off:	man Funer	ral H	ome,	Inc.
	A. has	1 Bras		death. Do	4	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217
	23. PART I. Enter the diseases, shock, or heart failu	1 Bras		death. Do	4	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217
	23. PART I. Enter the diseases, shock, or heart fellu	1 Bras		death. Do	4	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217
	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition	1 Bras		death. Do	4	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217
NOI	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	or complications the present of the		SEOUENCE O	and anter	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217 Approxim
CATION	23. PART I. Enter the diseases, shock, or heart failured immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	or complications the present of the	o (OR AS A CON	SEOUENCE O	and anter	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217
TIFICATION	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	or complications to are. List only one as	o (OR AS A CON	SEQUENCE O	and	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217 Approxim
CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failured immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	or complications to are. List only one as	O (OR AS A CON	SEQUENCE O	and	) E.	Antie	tam	St., Hag	gerst	own,	Md. 217 Approxim
AL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	or complications to are. List only one as	O (OR AS A CON	SEQUENCE O	Que	O E.	Antie	such	St., Hagae cardiac or rea	gerst.	own,	Md. 217 Approximinterval B Onset an
	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	or complications to the complete to the comple	O (OR AS A CON	SEQUENCE O	Que	O E.	Antie	such	St., Hagae cardiac or rea	DIFFERENCE OF THE PROPERTY OF	own,	Md. 217  Approximinterval B Onset and PPA  PPA  WERE AUTOPSY F  MANLABLE PRIOR
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	or complications to the complete to the comple	O (OR AS A CON	SEQUENCE O	Que	O E.	Antie	such	St., Hasae cardiac or rea	DIFFERENCE OF THE PROPERTY OF	own,	Md. 217  Approximinterval B Onset an  Approximation of the second of the
MEDICAL	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	or complications to the List only one set to the List only one set to the List only one set to the List only one set to the List only one set to the List only one set to the List on the	O (OR AS A CON	SEQUENCE O	Que	O E. The mo	Antie	tam such	St., Hasaa cardiac or rea	DIFFERENCE OF THE PROPERTY OF	own,	Md. 217  Approximinterval B Onset and Approximation of Pearly  WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	23. PART I. Enter the diseases, shock, or heart failured immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	or complications to the control of t	O (OR AS A COND O (OR AS A COND O (OR AS A COND O (OR AS A COND O (OR AS A COND O (OR AS A COND O (OR AS A COND O (OR AS A COND	SEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	one ante	o E. r the mo	Antie de of dying,	tam such	art I. 24e. WAS A PERF	DIFFERENCE OF THE PROPERTY OF	own,	Md. 217  Approximinterval B Onset and Approximation of Pearly  WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?
SICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Outer shoutheant conditions.	b	O (OR AS A COND O (OR AS A CON	SEQUENCE OF THE PROPERTY OF TH	orthe under of	o E. r the mo	Antie de of dying, g cause/give	n in P	St., Hasaa cardiac or rea	NAUTOPSY ORMED?	own,	Md. 217  Approximinterval B Onset an  Approximation of the second of the
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. One stop leant conditions are sufficiently as a case reference to medical examiner?  1 Yes 2 [I NO  27. MANNER OF DEATH  1 Netural 8 Pending	b. DUE TO  d. HOSPITAL: 1   Inpetient 2   286. DATE C (Month,	O (OR AS A COND O (OR AS A CON	SEQUENCE OF THE PROPERTY OF TH	In the united of the second of	nderlying  28. PI  R: Horris Horr	Antie de of dying, g caused ve	n in P	art I. 24e. WAS A PERF. 1 YES	NAUTOPSY ORMED?	own,	Md. 217  Approximinterval E Onset an Peach of Pe
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellur immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Ovice singuilisemt conditions of the conditions of the cause of the cau	or complications to the present of t	O (OR AS A COND O (OR AS A CON	SEQUENCE OF SEQUENCE OF THE SE	OTHE 4 CNU	nderlying  28. PI  R: Hom  28. IN  28.	Antie de of dying, g cause live LACE OF DEAT!	n in PCO	St., Has an exercise or real second and control of the control of	UN AUTOPSY ORMED? 2 NO INJURY OF	OWN,	Md. 217 Approximinterval E Onset an Conset an
TED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart failured immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Outer significant conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 [I NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation.	or complications to the present of t	D GENJURY — AI	SEQUENCE OF SEQUENCE OF THE SE	OTHE 4 CNU	nderlying  28. PI  R: Hom  28. IN  28.	Antie de of dying, g cause live LACE OF DEAT!	n in PCO	St., Has an exercise or real second correct o	UN AUTOPSY ORMED? 2 NO INJURY OF	OWN,	Md. 217 Approximinterval B Onset an Ons
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart failured immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART H. Outer stagnificant conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 [f] NO  27. MANNER OF DEATH  1 Hetural 8 Pending investigati 3 Suicide 8 Could not determine.  29e. CERTIFIER (Check only)	or complications to the present of t	D ER/Outpetlant  DF INJURY  OF INJURY — At g, etc. (Specify)	SEOUENCE OF THE PROPERTY OF TH	OTHE 4 CON ME OF JURY M	The mo	Antie de of dying, g caused yes LACE OF DEAT	tam such	ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  be cardiac or rea  cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  ae cardiac or rea  cardiac or rea  ae cardiac or rea	UN AUTOPSY ORMED? 2 NO INJURY OF	OWN, rrest,  24b.	Md. 217 Approximinterval E Onset an PP AMALABLE PRIOR OF DEATH?  1 YES 2
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Outer stags the enter conditions of the conditions of the conditions of the conditions of the cause of the caus	or complications to the property of the proper	D death but not be injury by year)  DEPLOURS HOUSE OF INJURY — AT G, etc. (Specify)  of my knowledge,	SEOUENCE OF SEOUENCE OF THE SE	orthic units of the street, fac	28. PI R: 28c. INJ 26c. INJ 26tory, office	Antie de of dying, g causdrive LACE OF DEAT. DE 8 Reside SURY AT THE 2 No.	tam such	art I. 24e. WAS A PERFIL 1 VES  k only one) Other (Specify) 28d. DESCRIBE HOW City or Town, Street	AN AUTOPSY ORMED?  2 No	24b.	Md. 217 Approximinterval B Onset an APPROXIMATE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OP DEATH 1 YES 2   Route Number,
TED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Outer stags the enter conditions of the conditions of the conditions of the conditions of the cause of the caus	or complications to the List only one as the List only one as the List only one as the List only one as the List only one as the List only one as the List only one as the List only one as the List on the List o	D death but not be injury by year)  DEPLOURS HOUSE OF INJURY — AT G, etc. (Specify)  of my knowledge,	SEOUENCE OF SEOUENCE OF THE SE	orthic units of the street, fac	28. PI R: 28c. INJ 26c. INJ 26tory, office	Antie de of dying, g causdrive LACE OF DEAT. DE 8 Reside SURY AT THE 2 No.	n in P	art I. 24e. WAS / PERF    1	UN AUTOPSY OR MED?  2 No vinjury OX vinjury	CCURED  ated.  the cause(e	Md. 217  Approximinterval B Onset and Approximation of the second of the

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BPVII 1459

APR 1 8 '90

Julia Savidson- Pandoll

s after death. Page 6 may be retained by the hospi	ed in by the funeral director, page 5 should be detached, or removal.	medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely linear in by the funeral director, page 5 should be detached the fleet within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

. . . . .

STATE O	)F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	<b>MENTAL</b>	HYGI	ENE
		CE	ERTIFICATE	0	F DEAT	TH		REG.	NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN REG. NO			
	. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
1	Viola Elizabeth Lawson					4-08	AY YEAR	1.45p M	
1	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In	yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A. BIF	THPLACE (State or Foreign	
	222 - 09 - 9077 1	☐ M 2 💢 F 9	O YRS.	NTHS DAYS	HOURS MIN.	Oct. 23,1	399 Ma	ryland	
OR	Memorial Hospital			CITY, TOWN OR LOCATION OF DEATH  Easton			Talbot		
<u>5</u>	RESIDENCE OF DECEDENT         10e. CITY. TOV           10e. STATE         10b. COUNTY         10c. CITY. TOV			WN OR LOCATION			10d. INSIDE CITY		
COMPLETED BY FUNERAL DIRECTOR				treville			1 X YES 2 NO		
	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
	209 Belvedere Avenue				21617		United States		
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or Notif yes, specify Cuben, Maxican, Puerto Rican, etc.)     □ YES 2 ☑ NO Specify:				No— 14. RACE — American Indien, Black, Whita, etc. Specify: White	
	15. OECEOENT'S EOUCATION (Specify only highest grade completed) (Give kind of work done of life. Do NOT use retired.)			done during mos	PATION 166, KIND OF BUSINESS/INDUSTRY				
PLE	Elementary/Secondary (0-12) 7 College (1-4 or 5 +) C1 ©			rk Depa			artment Store		
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)				
BE C	Charles Henry Clayville				Maude Fiske Pullen				
TO B	19a. INFORMANT'S NAME (Type/Print) Sister:  19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  209 Belvedere Ave., Centreville, MD. 21617								
	10s METHOD OF DISPOSITION 20s ACC OF DISPOSITION (Alone of consistent or product or 20s I COATION City or Town State								
	1 \ Burlei 2 \ Cremation 3 \ Removal from State 4 \ Donation 5 \ Other (Specify) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				tery Church Hill, Maryland				
	21 HOMETURE OF FUNERAL SERVICE LICENSEE Junes H. Barton, Jr. 22 NAME AND ADDRESS OF FACILITY Barton Funeral Home 21617						21617		
	P.O. Box 222, Centreville, Maryland								
CERTIFICATION	shock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or Injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  d.								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying				g ceuse given in	PERFORMED? AVAILABLE PRIOR TO		COMPLETION OF CAUSE OF DEATH?	
AN	25 WAS CASS DESERBED TO MEDICAL								
2	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:								
₹	1 YES 2 NO 1	The state of the s				e 8 ∐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED			
	1- Natural 5 Pending	(Month, Day, Ybar)	INJUR	y WC	RK? /ES 2 NO				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, building, atc. (Specify)			et, factory, offic			TION (Street end Number or Rural Route Number, Town, State)		
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year)		
BE	OBA-100				125750			14-9-90	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) R.B. Sanchez, M.D. Easton, MD. 21601  R.B. SANCHEZ M.D. ST. Inline Completed Cause of Death (ITEM 27) (Typo, Print) R.B. Sanchez, M.D. Easton, MD. 21601								
- 1	17 . 17 . 1 L N	CHKZ	11 . 11	2 2 IS	7 -1/1	101/01	The A Student	41 11/13 21/1	

Aldring.

.

191 m

OHMH-16 Flev 1/89

	20
13146,	and the second s
×	4
0. BO	marrifform
٠.	dans
S	4
문	ahan 4
RECO	The same of the same
M	-
	1
OF	4000000
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	011011111111111111111111111111111111111
$\leq$	0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriaLtransit perm. Present within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND	/ DEPARTMENT	OF H	EALTH	AND	<b>MENTAL</b>	HYGIENE
C	ERTIFICATE	OF	DEAT	H		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND		GIENE G. NO.	
1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF OE	ATH	3. TIME OF OEATH
	Mahla Ho	ollman L	oaa	March		990 4:15 a M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIR		BIRTHPLACE (State or Foreign
	.Пи.Пе	MON	THE DAYS HOURS MIN.	(Month, Day,	(bar)	Country)
220-16-7556  9a. FACILITY NAME (If not institution, give st	A	/5	CITY, TOWN OR LOCATION OF D	02/24		Missouri Y OF DEATH
	Corsica	Hills				
Meridian Nursi	ng Center -		Centrevil	le	Que	en Anne's
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
Marvel on J Ove	an Annala		Thootom			LIMITS?
Maryland Que	een Anne's	1	Chester 100, ZIP CODE		100 CITIZI	EN OF WHAT COUNTRY?
IDE. STREET AND NOMBER			IOI. ZIP CODE		log. Gilla	A OF WINI COUNTRY
Rt. 1 Box 49			21619			S.A.
11. MARITAL STATUS	12. WAS OECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico			4. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES 2 NO Specif		,	Specify:
3 X Higgins 4 1 2Holced						White
15. OECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. OECEDENT'S USU	IAL OCCUPATION done during most of working	16b, KIND	OF BUSINESS/INOU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	rired.)			
6		Retail	Sales Clerk	Depa	artment	Store
17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle,		
Leslie Bertr	am Hollman		Maude	Franc	ces McCa	aulev
19a. INFORMANT'S NAME (Type/Print)	um morrandn	19b. MAILING AD	DRESS (Street and Number or Rural			
Weldon B. Le	gg. Sr.	Rt 1	Box 318, 0	hester	- MD	21619
20a. METHOD OF DISPOSITION			ON (Name of cemetery, crematory or		20c. LOCATION - C	
1X Buriel 2 Cremation 3 Remo	oval from State	other place)	lle Cemetery			sville, MD
21. SIGNATURE OF FUNERAL SERVICE LIC		cevensvi	22, NAME AND ADDRESS OF F		Sceven	SVIIIE, MID
21. SIGNAL ORE OF FUNERAL SERVICE LIC	1 / 0		Tom Helfenk		meral	Homes PA
Chamas H. Il	el lan heir.					MD 21619
23 PART I Enter the diseases or	Z-all-adiana dhabana d		INC. I DUX	OOD. (		. ND 21019
		the deeth Do not				
	List only one ceuse on ac	ch line.	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between
shock, or heart fallure.  IMMEDIATE CAUSE (Finel	List only one ceuse on ac	ch line.	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on ac	ch line.	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between
shock, or heart fallure.  IMMEDIATE CAUSE (Finel	List only one ceuse on se	ch line.		ch as cerdiec o	r reapiretory arre	Approximate interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on se	ovascu	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Curdia  DUE TO (OR AS A	ovascu	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Curdia  DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, su	ch as cerdiec o	r reapiretory arre	at, Approximats interval Between Onset and Death
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, sur	Part I. 24s.	r reapiretory arre	Approximate interval Between Onset and Death  Z VLD  Constant  2 VLD  24b. WERE AUTOPSY FINDINGS
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, sur	Part I. 24s.	WAS AN AUTOPSY PERFORMED?	Approximats Interval Between Onset and Death Z VIII  Zation  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, sur	Part I. 24s.	r reapiretory arre	Approximate interval Between Onset and Death  Z VIII  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, sur	Part I. 24s.	WAS AN AUTOPSY PERFORMED?	Approximats Interval Between Onset and Death Z VIII  Zation  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, sur	Part I. 24s.	WAS AN AUTOPSY PERFORMED?	Approximate interval Between Onset and Death  Z VIII  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	the underlying ceuee given in	n Part I. 24e.	WAS AN AUTOPSY PERFORMED?	Approximate interval Between Onset and Death  Z VIII  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	the underlying ceuee given in 26. PLACE OF OEATH (C)	Part I. 24s.	WAS AN AUTOPSY PERFORMED? YES 2 NO	Approximate interval Between Onset and Death  Z VIII  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	the underlying ceuee given in 26. PLACE OF OEATH (C	Part I. 24e.  1 Part I. 24e.  1 Check only one)	WAS AN AUTOPSY PERFORMED? YES 2 NO	Approximate interval Between Onset and Death  2
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  HOSPITAL: 1   Impatient 2   ER/Outp	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	the underlying ceuee given in  28. PLACE OF OEATH (C)  THER:  Nursing Home 6  Rasidence  F 28c. (NJURY AT  WORK?	Part I. 24e.  1 Part I. 24e.  1 Check only one)	WAS AN AUTOPSY PERFORMED? YES 2 NO	Approximate interval Between Onset and Death  2
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending investigation	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in t  etient 3 DOA 4	the underlying ceuee given in the underlying ceue given in the underly	Part I. 24e.  1 Described only one)  6 Other (Special Described De	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	consequence of:  consequence of:  consequence of:  consequence of:  the not resulting in the consequence of:  attent 3 Doa 4  28b. Time of injury.	the underlying ceuee given in the underlying ceue given in the underly	Part I. 24e.  1 Described only one)  6 Other (Special Described De	WAS AN AUTOPSY PERFORMED? YES 2 NO	Approximate interval Between Onset and Death  2
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation	DUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	consequence of:  consequence of:  consequence of:  consequence of:  the not resulting in the consequence of:  attent 3 Doa 4  28b. Time of injury.	the underlying ceuee given in the underlying ceue given in the underly	Part J. 24e.  1 Part J. 24e.  1 Check only one)  6 Cher (Specal Described 28d. Described 28d. Location)	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be datermined	DUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  DUE TO	consequence of:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  ut not resulting in t  atient 3 DOA 4  28b. TIME 0 INJUR  At home, farm, stre-	the underlying ceuee given in the underlying ceue given in the underly	Part I. 24s.  1 Description of Other (Special Description City or Town	WAS AN AUTOPSY PERFORMED? YES 2 NO  City) E HOW INJURY OCC  (Street and Number on, State)	Approximate interval Between Onset and Death  2
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 6   Pending investigation   Pending	DUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  OUE TO	consequence of:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  ut not resulting in t  etient 3 DOA 4  28b. TIME 0 INJUR  At home, farm, stre- ledge, death occurred a	the underlying ceuee given in the underlying ceue given in the underl	Part I. 24s.  1 Part I. 24s.  1 Check only one)  6 Other (Special Description of Town or Town on Town	WAS AN AUTOPSY PERFORMED? YES 2 NO  City) E HOW INJURY OCC  (Street and Number on, State)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  UREO  Private Route Number,
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A  DUE TO	consequence of:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  ut not resulting in t  etient 3 DOA 4  28b. TIME 0 INJUR  At home, farm, stre- ledge, death occurred a	the underlying ceuee given in  26. PLACE OF OEATH (C)  THER:  Yoursing Home 6   Residence F   28c. INJURY AT WORK? M   1   YES 2   NO  st, factory, office  at the time, data and place, and du n my opinion, death occured at the	heck only one)  28d. DESCRIBE  28f. LOCATION City or Tow te to the cause(a) te time, data and p	WAS AN AUTOPSY PERFORMED? YES 2 NO  (Street and Number on, State) and manner as state	Approximate interval Between Onset and Death  2
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 6   Pending investigation   Pending	DUE TO (OR AS A  DUE TO (OR AS A  OUE TO (OR AS A  DUE TO	consequence of:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  ut not resulting in t  etient 3 DOA 4  28b. TIME 0 INJUR  At home, farm, stre- ledge, death occurred a	the underlying ceuee given in  26. PLACE OF OEATH (C)  THER:  Nursing Home 6   Rasidence F 28c. (NJURY AT WORK? M 1   YES 2   NO  st, factory, offica  It the time, data and place, and du in my opinion, death occured at the	heck only one)  28d. DESCRIBE  28f. LOCATION City or Tow te to the cause(a) te time, data and p	WAS AN AUTOPSY PERFORMED? YES 2 NO  (Street and Number on, State) and manner as state	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  UREO  Private Route Number,
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be datermined  29e. CERTIFIER (Check only one) MEDICAL EXAMINER  29b. BIOMATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A  DUE TO	consequence of:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  Ut not resulting in to the second of the secon	the underlying ceuee given in  26. PLACE OF OEATH (C)  THER:  Nursing Home 6   Rasidence F 28c. (NJURY AT WORK? M 1   YES 2   NO  st, factory, offica  the time, data and place, and du n my opinion, death occured at th  29c. LICENSE NI  D 0 5	heck only one)  28d. DESCRIBE  28f. LOCATION City or Tow te to the cause(a) te time, data and p	WAS AN AUTOPSY PERFORMED? YES 2 NO  (Street and Number on, State) and manner as state	Approximate interval Between Onset and Death  2
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  2   Accident  3   Suicide 6   Pending investigation  3   Suicide 6   Could not be determined  29a. CERTIFIER (Check only 1   CERTIFVINO PHYS) (Check only 1   CERTIFVINO PHYS)	DUE TO (OR AS A  DUE TO	consequence of:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  Ut not resulting in t  atient 3 DOA 4  28b. TIME 0  INJUR  At home, farm, stre- ity)	the underlying ceuee given in  26. PLACE OF OEATH (C)  THER:  Nursing Home 6   Rasidence F 28c. (NJURY AT WORK? M 1   YES 2   NO  st, factory, offica  the time, data and place, and du n my opinion, death occured at th  29c. LICENSE NI  D 0 5	heck only one)  28d. DESCRIBE  28f. LOCATION City or Tow te to the cause(a) te time, data and p	WAS AN AUTOPSY PERFORMED? YES 2 NO  (Street and Number on, State) and manner as state	Approximate interval Between Onset and Death  2
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be datermined  29e. CERTIFIER (Check only one) MEDICAL EXAMINER  29b. BIOMATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  DU	consequence of:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  The consequence of:  CONSEQUENCE OF:  CO	the underlying ceuee given in  28. PLACE OF OEATH (C)  THER: Nursing Home 8   Raeldence F 28c. INJURY AT WORK? MORK? 1   YES 2   NO  st, factory, office  at the time, data and piece, and du in my opinion, death occured at th  29c. LICENSE Nt D 0 5	Part I. 24e.  1 Part I. 24e.  1 Check only one)  6 Check Che	WAS AN AUTOPSY PERFORMED? YES 2 NO  City) E HOW INJURY OCC  (Street and Number on, State)  and manner as state place, and dua to the	Approximate interval Between Onset and Death 2 March 1 Complete PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  UREO  Or Rural Route Number,  ed.  SIONED (Month, Day, Year)  4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only Other Condition of Conditi	DUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A	etient 3 DOA 4  etient 3 DOA 4  28b. TIME 0 INJUR  ATH (ITEM 27) (Type. Fin	the underlying ceuee given in  28. PLACE OF OEATH (C)  THER: Nursing Home 6   Rasidence F 28c. RAJURY AT WORK? I   YES 2   NO  st, factory, office  at the time, data and place, and du in my opinion, death occured at th  29c. LICENSE NI D 0 5	Part I. 24e.  1 Part I. 24e.  1 Check only one)  6 Check Che	WAS AN AUTOPSY PERFORMED? YES 2 NO  City) E HOW INJURY OCC  (Street and Number on, State)  and manner as state place, and dua to the	Approximate interval Between Onset and Death 2 March 1 Complete PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  UREO  Or Rural Route Number,  ed.  SIONED (Month, Day, Year)  4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4

car o end,

-----

3	=	10	ě
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mount	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	mental property, at the months of the mental on them 30 absence and interest on adding descending account the man
F	ely	nati	7
With	plet	cren	100
8	E O	ज	9
900	P	PE	die
8	2	9	
pe	icia	rior	i
cate	E S	G.	20
in the	0	gien	at h
20	ğ	£	20
eat	atte	mtal	2
D ed	the	Me	1
at the	3	Pue	-
#	Dec	量	6
lires	Sign	Hea	9771
reg	Sen	ō	4
38	S	P.	2
96	ha	۵	ì
-	cate	Stat	100
CIA	Jil.	the state	
S	S	=	7
품	=	×	i
ING	ffer	eath	1
2	ä	P Je	-
E	E	afte	0
R	RE	SINC	1
-	0	7	8.8
ATIC	R	7	-
8	S	T.	24.6
EH	EF	3	-
F	F	file	2
2	2	8	

APR 24

90

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Last)	19	ke			2. DATE OF DEATH	20AY / 1	3. TIME OF DEATH
	THE PERSON NAMED ASSOCIATION OF THE PERSON NAMED ASSOCIATION O	SEX 6. AGE (	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year March 19		8. BIRTHPLACE (State or Foreign Country) Virginia
# N	96. FACILITY NAME (If not Institution, give street Washington County Hosp			96. CITY, TOWN	N OR LOCATION OF	DEATH		TY OF GEATH hington
DIRECTOR	residence of decedent  100. STATE  Maryland  Washi	ngton		y, town on Local			-	10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER  2012 Jefferson Blv				101. ZIP CODE 2174	0		1 □ YES 2 ☑ NO  ZEN OF WHAT COUNTRY?  USA
BY FUNERAL		. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	N U.S. ARMED 2 NO ATES WW2	If yes,	ECENDENT OF HISP	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc.  Specify: White
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade com Elementary/Secondery (0-12)  8 Years		16a. DECEDENT'S (Give kind of life. Do NOT us Plumb	work done during se retired.)	ATION most of working	166. KIND OF	oiness/indi	USTRY
111	17. FATHER'S NAME (First, Middle, Last) Charles Lewis Lake	e				NAME (First, Middle, Main	len Surname)	Ld
TO BI	190. INFORMANT'S NAME (Type/Print) Betty V. Lake					Hagerstor		cyland 21740
Á	20e. METHOD OF DISPOSITION  1 🕅 Burlel 2 🗆 Cremetton 3 🗀 Removal  4 🗀 Donation 5 🗀 Other (Specify)	from State P	other place)	w Memory Gardens Cemetery Martin			g, West Virginia	
	21, SIGNATURE OF PUNEBAL SERVICE LICENS	nunc	K	Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland				
t, the medical	23. PART I. Entar tha diseasea, or com- ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	pilcations that caused only one cause on e	d the death. Do nach line.			ich as cardiac or re	apiretory arre	est, Approximate interval Batween Onset and Death
NON	Sequentially list conditions,	DUE TO (OR AS A	A CONSEQUENCE O	F):	Armie			
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	2/14	VER!	Son		
CERT	PART II. Other aignificant conditions c	ontributing to death t	out not resulting	in the underly	ving cause given	n Part I. 24a WAS	AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Arterio se	ontributing to death b				PER	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO
YSICIAN		OSPITAL:		OTHER:	PLACE OF DEATH (			
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending	Inpatient 2 FR/Outs  28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	ME OF 28c. JURY	INJURY AT WORK?	YORK?		cureo
TED TED	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm				ffice	261. LOCATION (Str. City or Town, S		or Rural Route Number,
MPURIANT: If 116m 28 18  BE COMPLETED	299. CERTIFIER (Check only one)							ed. e cause(e) end menner ee stated.
B B	2915. SIGNAPORE AMO TOTE DE CONTOPIEN				DZ6	FO6	29d. DATE	E SIONED (Month, Day, Year)
<u></u> ₽	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	s, Print)	(1/1	· Kl	-/-	no

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randoll

	à
	E
o,	within 2
1314	executed
×	90
L RECORDS, P.O. BOX 13146,	certificate
J.	death
S	q
문	that
RECO	romirrac
	3.6
₹	The
DIVISION OF VITAL	to attending buyourists. The faw requires that the death certificate he executed within
/ISION	ATTENDIALC
$\leq$	90
	-

	FOR 1 - STATE REGISTRAR	STATE OF MARY		ARTMENT OF		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	3. TIME O	F OEATH
	ERMA LOIS	LEITCH				MAY 5	199		A
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthd	my) IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yoar)	8.	BIRTHPLACE (Sta Country)	te or Foreign
	214 05 0126	1 □ M 2] 1 F 7	3 YR	S. WORTHS DAYS	HOURS WIIN.	AUG 28	1916	MARYLA	ND
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWI	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
CTOR	153 E. BAY V	VIEW DR.		ANNAI	POLIS		ANNE	ARUND	EL
DIREC	10e. STATE 10b. COUN	NE ARUNDEL		CITY, TOWN OR LOCALINATION		11			DE CITY IS? 2 NO
N N	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUN	ITRY?
ER	LSS E. BAY V	IEW DR.			21403		U.S	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2-1 NO	If yee,	ECENDENT OF HISPAI apecity Cuban, Mexice ES 2 NO Specifi		ne or No- 14.	RACE — Americ Black, White, etc SHH: ITE	en Indian, C.
	15. DECEDENT'S ED	UCATION		IT'S USUAL OCCUPA		16b. KIND OF BU	JSINESS/INDUS	TRY	
	(Specify only highest grad Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NO	of work done during of use retired.)	most of working				
MPI	12		CIVI	L SERVI	CE	SECT.	FT	MEAD	E
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malde	n Sumama)		
ш	ALBERT KNACKS	TEDT			LIL	LIAN S	TEVENS	S	
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADDRESS (Street	et and Number or Rural	Route Number, City or To	wn, Stete, Zip Co	ide)	
-	FRANCIS V. LE					R. ANNAP			1403
	20a. METHOD OF DISPOSITION 1	moval from State	other place)	LITAN C	REMATOR	Y AL	EX. V	y or Town, State	
	Proposition of Funeral Service L	Just-		147	Glouces	cumaylor ter St.	Annap	olis, l	apel Md.
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. Cardia	C Arres	E OF):		n es cerdiec or res	piratory arres	Inte	proximate erval Betwee set and Dea
ERTIFICATION	Sequentielly liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. ISCHEL	S A CONSEQUENCES A CONSEQUENCE	LE OF): 1 Je	thy se				
0	PART II. Other eignificent condition	ons contributing to deet	h but not result	ing in the underly	ring ceuse given in	Part I. 24a. WAS A	IN AUTOPSY	24b. WERE AUT	TOPSY FINDING
MEDICAL						1 TYES	2 NO	OF DEATH	E PRIOR TO ION DF CAUSE I?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpetient 3 D	OTHER:	PLACE OF DEATH (C)				
主	27. MANNER OF OEATH	28e. DATE OF INJU	RY 26b.	TIME OF 26c.	INJURY AT	28d. DESCRIBE HOW	/ INJURY OCCU	RED	
0	1 Natural 5 Pending	(Month, Day, Ye	nr)	M 1	WORK?				
TED B	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJ	URY — At home, fe Specify)	irm, street, lactory, o	ffice	281. LOCATION (Stree City or Town, Stell		Rural Route Numb	181,
MPLET	one)	SICIAN: To the best of my k							
8	2 MEDICAL EXAMI	NER: On the basis of examin	ation eng/or investi	gation, in my opinio	n, cleath occured at the	time, date end place,	end due to the t	seuse(e) end man	ner ee stated.
BE	296. SKIMATURE AND TITLE OF CERTIF	IER /			29c. LICENSE NU	MBER		SIGNED (Month, De	
5	Dar An 95	un MI	/				14	ay 5, 19	70
-	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)	1	1	1.7	/	

. 84

within 24 nours after death, Page 6 may be retained by the hosp	spletely filled in by the funeral director, page 5 should be detache cremation, or removal,	rent, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the fine within 72 hours after death with the State Dect. of Health and Mental Hollere prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: If I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	SAUL LEFKOWI'	TZ				MAY	8 199	
		SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign country)
	072 10 3473	7 2 F	YRS.			3/10/1	4	ew York
DIRECTOR	98. FACILITY NAME (If not institution, give street HOLY CROSS H RESIDENCE OF DECEDENT	OSPITAL	Š		R LOCATION OF DE		9c. COUNTY	IT GOM ERY
길	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATI	ON			10d, INSIDE CITY LIMITS?
H	Maryland Montgo	mery	Si1	ver Spi	ing			1 X YES 2 NO
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		tog. CITtZEN	OF WHAT COUNTRY?
Ë	3509 Randolph Road				20902		U.S	S.A.
FUNERAL	11, MARITAL STATUS 12.  1 Never Merried 2 Merried	WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES		If yes, spe		IIC ORIGIN? (Specify ) n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:
B	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DATES	WWII	I L TES	z 1 NO Specify			White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON 16a.	DECEDENT'S US	done during mos		18b. KIND OF B	USINESS/INDUST	RY
		otlege (1-4 or 5+)	life. Do NOT use re	· ·			T	
MP	17. FATHER'S NAME (First, Middle, Lest)	5+	Lawye	r	40 MOTHERIC MAI	ME (First, Middle, Malde	Law	
	Harry Lefkow	it2		1	Sadi		known)	
핆	19a. INFORMANT'S NAME (Type/Print)	102	19b. MAILING AD	DRESS (Street ar		Route Number, City or R		le)
2	Marion Lefkowitz	(wife)	3509 Ra	ndolph	Road, S:	ilver Spr	ing, MD	20902
	20a. METHOD OF DISPOSITION	20b. PLA			etery, crematory or		OCATION — City	or Town, State
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	Juc	lean Mem				ney, Mai	ryland
	AN TOGNATURE OF FUNERAL SERVICE LICENS	EE //			SKY-COLL		ORTAL CI	HAPELS, INC.
	Frank /1	Som		1				e,MD 20852
	21 PART I. Enter the diseases, or com ahock, or heart fallure. List			antar tha mod	ia of dying, suci	h as cardiac or res	piratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine)	A .	1	4				Onset and Deeth
	disease or condition resulting in death)	disease or condition resulting in death) - A cute Leukemia Co months						
		OUE TO (OR AS A COM	ISEOUENCE OF):					
NO N	Sequantially list conditions, b	DUE TO (OR AS A CON	SEQUENCE OF):					
¥.	if any, leading to immediata cause. Enter UNDERLYING		CONTRACTOR OF THE PARTY OF THE					! !
F	that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):					
CERTIFICATION	resulting in daeth) LAST							
AL C	PART II. Other significent conditions of	ontributing to daeth but n	ot resulting in	the underlying	cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
OA	1827					1	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 TYES 2 NO
ž								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF OEATH (Ch	eck only one)		
YSI	1 TYES 2 X NO	☐ Inpatient 2 ☐ PR/Outpatien	rt 3 🗆 DOA   4	☐ Nursing Hom	-	6 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	JRY AT RK? 'ES 2 NO	28d. DESCRIBE HOV	V INJURY OCCUR	EO
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJURY — A	it home, farm, stre			281. LOCATION (Stre	et and Number or F	Rural Route Number,
COMPLETED	4 Homicide 8 Could not be	building, atc. (Specify)				City or Town, Sta	ite)	
	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge	e. death occurred	at the time, date	end place, end due	to the cause(s) and r	nanner sa stated.	
NP.	Control only	On the basis of exemination and						use(s) and menner as stated.
- 1	296. SICHATURE AND TITLE OF CURTIFIER	( ) A	4		29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
BE	Helper V	White Atte	nding u	17	ma DI	8137	<b>&gt;</b> 5	18/90
2	II. HAME AND COURSES OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Typo, PI	-	oc films	Ave K	ensila	ton und 20095
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	PE .					
	NAY 1 1 '90	Julia Davidos	n-Randes	2.				

30+1

60	-		
9	9		
e	Je.		
Page	9		
-	20		
att	5		
0	0	-i	
tte	=	8	
00	5	Ea	
8	트	1	
22	9	0	
Sec.	42	0	
臺	6	Tal	
N.	용	9	
D	E	-	
375	0	-E	
98	a	ā	
65	S	8	
0	ici	ᅙ.	
afe	3	0	
19E	0	епе	
e	E.	B	
5	Ser.	32	
ea	att	Tage 1	
9	19	Me	
=	7	2	
hat	4	P	
S	nec	每	
9	Sig	e	
9	8	5	
7	8	-	
10	SS	9	
Pe	-	9	
-	ate	題	
AN	tife.	9	
000	93	\$	
₹	Si	튣	
Q.	#5	5	
NG	the f	eath	
9	×	0	
1	OR	the field	
K	5	53	
H	=	E	
7	2	E.	
FA	B	K	
Sp	볼	ti	
2	3	×	
뿌	뿌	pe	
F	E	Œ.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hour atter death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	8	

	1. DECEDENT'S NAME (First, Middle, Lest,		U	CK5				2. DATE OF DEATH	CAN.	YEAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-64-5270	5. SEX 1 M 2 D F	8. AGE (	in yrs. last birthday) 47 YRS.	IF UNDER 1 YEAR MONTHS DAYS	_	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	42	Country)	C GERMANY
20	9a. FACILITY NAME (If not Institution, give MonTgomery	Street and number)	LH	Migse	9b. CITY, TOWN		ION OF DE	ATH		HT9	ath om limy
DINECTOR	10a. STATE 10b. COUN	ntgom	21-1	10c. CITY	r, TOWN OR LOC		ROOKE	VILLE			10d. INSIDE CITY LIMITS? 1 MES 2 NO
CHAL	10e. STREET AND NUMBER 2/200 68			IVE		101. ZIP COI	083	3	USA		HAT COUNTRY?
DI LOM	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	If yes,	specify Cub		IIC ORIGIN? (Specify n, Puerto Rican, atc. V.		Black,	- American Indian, White, atc.
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+)	16a. DECEDENT'S (Give kind of w life. Do NOT us) CATERER	vork done during i	TION most of work	dng	166. KIND OF	DTMC	DUSTRY	
	12 17. FATHER'S NAME (First, Middle, Last) FRITZ R. LUC	VC		CATERER		100		ME (First, Middle, Me	iden Sumame)	OT 777	
	198. INFORMANT'S NAME (Type/Print) DIANNE LUCKS	N.S.				t and Numb		Route Number, City or	Town, State, Zig		AND 20833
	20s, METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	movel from State		PLACE OF DISPOS other place) GATE OF		cemetery, cre	-	200	LOCATION -	City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE I	Caller	0		22 NAME	AND ADDR	ESS OF FA	CILITY			INC., MD 209
٦	23. PART I. Enter the diseases, or			1 .	500 0	MI VI	VOTII	DLVD.,	W., 51	.L. DI	., PM 209
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one car	use on e	ach line.	not enter the n	node of d	ylng, suc	h aa cardiac or n	espiratory an	rest,	Approximate Interval Between Onset and Deat
	ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition	a. Due to	O (OR AS A	ach line.	not enter the n	node of d	ylng, suc	h aa cardiac or n	espiratory an	rest,	Approximate Interval Between Onset and Deat
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  A PRENT Q MART	a. DUE TO  DUE TO  d. DUE TO	O (OR AS A O (OR AS A	A CONSEQUENCE OF	not enter the n	node of d	reti	Part I. 24a. WA. PEI	espiratory an	24b.	Approximata Interval Between Onset and Deat MINUTE  Y-RAPS
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  Typer Tom  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. My DUE TO DUE TO C. DUE TO DUE TO M. J. J. J. J. J. J. J. J. J. J. J. J. J.	O (OR AS A O (OR AS A O (OR AS A	A CONSEQUENCE OF	not enter the n	node of d	ying, suc	Part I. 24a. WA. PEI	S AN AUTOPSY IFORMED?	24b.	Approximata Interval Between Onset and Death  MINUTE  Y-CAPS  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are understanding in death.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	A CONSEQUENCE OF	orther: 4   Nursing H	ing cause	ying, suc	Part I. 24a. WA	S AN AUTOPSY FORMED? S 2 V NO	SPAJA  24b.	Approximate Interval Between Onset and Deat Mr. NVT2.  Y-QAT2  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  Typer Topic  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. DUE TO  DUE TO	O (OR AS A O (OR AS A	A CONSEQUENCE OF A CONS	orther:  26.  OTHER: 4   Nursing H	Ing cause	ying, suc	Part I. 24a. WA PEI 1 YE	S AN AUTOPSY PRORMED? S 2 V NO	24b.	Approximate Interval Between Onset and Deat Mr. MUTA.  Y-CATS  WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 29. CERTIFIER (Check only  1 CERTIFYING PHY	B. List only one can a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	A CONSEQUENCE OF A CONS	in the underly  26.  OTHER: 4   Nursing H  BE OF 28c.  JURY M 1    street, factory, of the lime, d	Ing cause  PLACE OF  PLACE OF  NJURY AT  WORK?  YES 2	ying, suc	Part I. 24a. WA PEI 1 YE 28d. DESCRIBE H	S AN AUTOPSY FORMED? S 2 V NO	24b. CCURED	Approximate Interval Between Onset and Deat Mr. NUTZ.  Y-CATS  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 29. CERTIFIER (Check only  1 CERTIFYING PHY	DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  C.	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	A CONSEQUENCE OF CONS	in the underly  26.  OTHER: 4   Nursing H  E OF 28c.  URY M 1   street, factory, of	Ing cause  PLACE OF  PLACE OF  NORK?  YES 2  Iffice  atte and please, death occ	JON DEATH (Ch	Part I. 24a. WA. PEI 1 YE  eck only one)  8 Other (Specify)  28d. DESCRIBE H  28f. LOCATION (Sichly or Town, 3)  to the cause(s) and time, data and place	S AN AUTOPSY IFORMED? S 2 V NO  OW INJURY OCHE To the state of the sta	24b. 24b. ccureD or or Aural Accured. the cause(s)	Approximate Interval Between Onset and Deat Mr. NUTA.  Y-RAPS  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
Com teries of this local west of	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflated events resulting in death) LAST  PART II. Other algnificant condition  PART II. Other algnificant condition  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only one)  MEDICAL EXAMI	a. DUE TO  B. List only one can  B. List one can  B. List one c	O (OR AS A O (OR AS A	A CONSEQUENCE OF CONS	in the underly  26.  OTHER: 4   Nursing H  E OF 28c.  URY M 1   street, factory, of	Ing cause  PLACE OF  PLACE OF  NORK?  YES 2  Iffice  atte and please, death occ	JON DEATH (Ch	Part I. 24a. WA PEI 1 YE 28d. DESCRIBE H	S AN AUTOPSY IFORMED? S 2 V NO  OW INJURY OCHE To the state of the sta	24b. 24b. ccureD or or Aural Accured. the cause(s)	Approximate Interval Between Onset and Death Mr. NUTS.  Y-RAF-S  WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

DHMH-16 Rev 1/89

permit.

use as the burial-transit

detached for

funeral director, )

◂	-6	-
ď	200	2 2
_	#	7 5
	60	5 5
-	s after de	= =
		0 0
		e .
		1 6
		≥ 6
	E	S E
2	ž.	등
2	D	E.
4	\$	8 @
200	3	D 3
	9	6.0
	43	- 2
×	2	E 2
	60	Sic
n	To.	E
	The same	교원
-	e	Sie G
	8	# 5
	5	8 -
-	Ba	岩石
-	6	41 65
S	9	52
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	#	20
~	TE	9 6
	#	85
Ų	SS	5 0
O	3	る子
Ш	8	55
0	2	9 .
	*	" E
		2 2
1	2	62 63
_	-	ta la
-	3	S
>	2	世史
la la	S	3 7
	3	SE
	1	€ 3
-	67	= F
_	Z	Pa Ba
0	0	40
10	H	E 5
U)	E	PF
=	K	S
	Œ	E 5
	0	02
_	ITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi 7.72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.
	E	5

2

49

390

31. DATE FILEO (Month,

MAY 14

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) M F DEATH 1990 LOGAN 7. DATE OF BURTH 5. SEX FEMALE 80 YRS. 4. SOCIAL SECURITY NUMBER 162-20-2159 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9a. FACILITY NAME (If not institution, give alreet and number)
WESTMINSTER N. & CONV. CENTER 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WESTMINSTER CARROLL DIRECTOR RESIDENCE OF DECEDENT 106. COUNCYARROLL 10a. 141)E 10c. OTE ROWN DENI OFF OFF 10d. INSIDE OFTE 1 YES 2 NO FUNERAL 100. STES ACCOPPEEGE AVE. 10f. ZIP CODE 21776 10g. CITIZEN OF WHATCOUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATAS 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specific 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Vidowed 4 Divorced BY SpecWHITE 16a. DECEDENT'S USUAL OCCUPATION

(Glas kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high HOUSEWIFE Elementary/Secondary (0-12) Collega (1-4 or 5+) OWN HOME 17. FATHER'S NAME (First, Middle, Last)
CLARENCE ARISON 18. MOTHER'S NAME (First, Middle, Maiden Surname)
OLIVE JOHNSON BE notified 196. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, 315 COLLEGE AVE. NEW WINDSOR 19a. INFORMANT'S NAME (Type/Print) HAYS K. LOGAN 2 MD 21776 must be NR. NEW WINDSOR, MD 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Burial 2 Cremation 3 - Removal from State PIPE' CREEK CEMETERY 4 Donation 5 Other (Specify). D. HARTZLER & SONS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY NEW WINDSOR, MD mrine or removal medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one ceuse or each line. interval Between **Onset and Desth IMMEDIATE CAUSE (Fine)** the disease or condition resulting in deeth) erebroupsaular accident 2WKS traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART II. Other aignificent conditions contributing to death but not recuiting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Jako tos molleties shows any 1 TES 2 NO ted stemosis dra 1 YES 2 NO 25. WAS CASE REFERRED TO REDICAL EXAMINER? heart PHYSICIAN: disease 23 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA 9 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 M Natural 5 Pending 1 YES 2 NO BY 2 Accident DIRECTOR: After hours after dea tem 28 is m 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and my S. SIGNATURE AND STLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 90

LL ED CAUSE OF GEATH (ITEM 27) (Type, Print)

m

CAFE

1		STATE REGISTR	AF
T .	-	ECEDENT'S	11.0

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTII	FICAT	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, A							2. DATE O	F DEATH	,	MEAR	3. TIME OF DEATH
Gladys Blac	cker M	CDevitt					May	1, 199	90	HAST	6:19 a.m. M
4. SOCIAL SECURITY NUMBER	R	6. SEX 6. A	GE (In yrs. lest birthday 78 YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	1 15,		Country	COW, Russia
577-18-5938 9a. FACILITY NAME (If not Inst	Hutlon also et		,,,	Bh CIT	Y TOWN	OR LOCATION OF DI		1 10,	9c. COUN		
5908 Cleve:					erda		EAIN				
RESIDENCE OF DECE		venue		KIV	Clua	TE			LITII	CE G	eorge's
	10b. COUNTY		10c, C	ITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
Maryland	Princ	e George's	Ri	verd	ale						1 X YES 2 NO
10s. STREET AND NUMBER					10	H. ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
5908 Cleve:	land A	venue				20737			U.S	.A.	
11. MARITAL STATUS		12. WAS DECEDENT EVI	R IN U.S. ARMED	13		CENDENT OF HISPAI			or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 No 3 Widowed 4 Divorce		FORCES? 1 1 1				becify Cuban, Maxica S 2 XNO Specif		ican, stc.)		Specify	
15. DECE (Specify only	DENT'S EDUC	CATION	16a. DECEDENT	'S USUAL	OCCUPATI	ON cet of undring	16b.	KIND OF BUS	INESS/INDL	JSTRY	
_Elementary/Secondary (0-1	-	College (1-4 or 6+)	Ille. Do NOT	use retired.	)	ost of working					
7th Grade	N	lone	Time K	eepe	r		Go	vernme	ent P	rint	ing Office
17. FATHER'S NAME (First, Mid	idle, Last)					18. MOTHER'S NA	ME (First, M	iddle, Maiden S	Surname)		
Lewis Black	ker					(Unavail	able)				LEUELL
19a. INFORMANT'S NAME (7)7	oe/Print)					and Number or Rural					
John Wilki	am McD	evitt (Son	) 5908	Clev	elan	d Avenue	Rive	rdale	, Mar	y1an	d 20737
200 METHOD OF DISCOSITE 1 & Buriel 2 Committee		over from State	20b. PLACE OF DISP other place) FORT Line	osition (i	Vame of ce	metery, cremetory or			ATION — C	100	aryland
21. SIGNATURE OF FUNEDIAL			7			ND ADDRESS OF FA	CILITY	DIC.	-	u , 11	aryrana
1/61	1	1/20	20	F	ranc	is Gasch	's So				e, P.A. Md. 20781
23. PART I. Enter the die		emplications that car									Approximate
IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentisity list condition if any, leading to immediate the conditions of	ons,	b	ocardial AS A CONSEQUENCE AS A CONSEQUENCE	OF):	ase.						Onset and Death
cause. Enter UNDERLYIN	NG										
CAUSE (Disease or injur that initiated events	y	DUE TO (OR	AS A CONSEQUENCE	OF):							
resulting in death) LAST		d									
PART II. Other significan	a anadisina	a contribution to do	at the season of the	In Abr.			non I			Lan	LUTTE AUTOCON SIMPLINGS
None	- CDITORIED	a contributing to dea	th but hot resultin	y in tha	unuenyn	ng cause given in	rait i.	24s. WAS AN PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Mone							— 1	1 TYES 2	NO NO		OF DEATH?
											1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		ОТН		PLACE OF DEATH (C	heck only one	0)			
1 X YES 2 NO		1   Inpatient 2   ER			_	me 6 🕅 Rasidence	_				
	Pending	26s. DATE OF INJU (Month, Day, Y	JRY 26b. 1	IME OF INJURY M	W	IJURY AT ORK? YES 2 NO	28d. DEŞ	CRIBE HOW II	NJURY OCC	CUREO	
2 C Pulate	rivestigation	28s. PLACE OF IN	JURY — At home, farm	n, street, fr			26f. LOC/	ATION (Street a	and Number	or Rural R	loute Number,
	Could not be letermined	building, atc.						or Town, State)			102 200
Check only	FYING PHYS	Ctan: To the best of my	knowledge, death occ	urred at the	e time, da	ta and place, and du	s to the cau	se(a) and mar	nner aa state	ed.	
one) 2 💢 MEDIO	CAL EXAMINE	R: On the besis of axami	nation and/or investige	itlon, in m	y opinion,	death occured at th	e time, dats	and place, an	d dus to th	e cause(s	) and manner sa stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	Deputy	edical b	emin	er	29c. LICENSE NU	MBER		29d, DATE	E SIGNED	(Month, Day, Year)
Chel	5	Tape	- 2	>	2	D099	75		•	5/1/	90
30 NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE O					12			// -/	4.5
John S. Rog	gers,	M.D. 191	9 Seminar	y Ro	ad,	Silver S	pring	, Mary	land	20	901
31. DATE FILED (Month, Day, 1	Ybar)	32. REGISTRAR'S	SIGNATURE						-		
	100	10. K	idson-Randa	02							
MAY () A	JU	July Marie									DHMH-16 Rev 1/6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within EXTENS after feath, Page 6 may be retained by the lospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



1	-	FOR STATE REGISTRAR
_	_	

	1 - STATE REGISTRAR	SINIE OF I	CE		ICATE				MENIAL F	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF			YEAR	. TIME OF DEATH
- 8	HARRY		GRAY	/	MES	SSIC	Κ,	JR	May 6	, 19	90	TEAN	7:02 AM M
	4. SOCIAL SECURITY NUMBER 218-16-0239	5. SEX 1 💢 M 2 🗌 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, De 10-6	ne Manel	16	Country)	LACE (State or Foreign
NC.	9a. FACILITY NAME (If not institution, give str Perry Point Vet		Hospita	al			MOT				9c. COL	INTY OF DEA	ATH
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Maryland Charl	es		10c. CIT	Y, TOWN C	ned.						1	0d. INSIDE CITY LIMITS?
FUNERAL D	10e. STREET AND NUMBER P. O. BOX 41						. ZIP COD	206	10				YES 2 XNO
NE I	11, MARITAL STATUS	40 1110 0505050	IT EVER IN U.S. AR		- 1								
BY	1 Never Married 2XXMarried 3 Widowed 4 Divorced		XYES 2 N			If yes, sp		ın, Mexica	NIC ORIGIN? (S in, Puarto Rica y:		or No-		- American Indian, White, etc.
E	15. OECEOENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON of world	9/1	18b. KII	NO OF BU	SINESS/IN		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+1 1 .		work done se retired.) IMBF		a or worki		S	elf-	-emp	loye	d
BE CON	17. FATHER'S NAME (First, Middle, Lest) Harry G. Messic	ek, Sr.					18. MOT	HER'S NA	ME (First, Midd Ces C	lle, Maiden OPS 6	Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Harry G. Messic	k, III							Route Number,				
	20a. METHOO OF DISPOSITION  XX Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE other pl	of Dispo	sition (No	me of ce	metery, crer	natory or eter	V			- City or Town	
	21. MORATURE OF PLINESPAL SERVICE LICE	Della.	10		22. Ht	Jntt	FUN	ss of the	Home				
	23. PARTY. Enter the disease, or c	Com	7						, Wald				
	shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cer	Myocar	dial	Infa			mig, suc		, or resp	ratory a		Approximate interval Between Onset and Desth
NOI	Sequentially list conditions, if any, leading to immediate	Coro	nary Art	ery	Disea	ase				-			
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	NF):								-
CERTIFICATION	resulting in deeth) LAST	1											
	PART II. Other significant conditions Previous Cerebra				In the us	nderlyin	g cause	given in		e. WAS AN	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	Diabetes	vascu.	iai Acci	dent					_   1	☐ YES 2	.⊠ NO		OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF (	DEATH (C)	neck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpetlent 3	DOA	OTHE		18 5 🗆 R	asidenca	6 Other (S	pecify)			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF	F INJURY Day, Year)	28b, TIR	AE OF JURY M	W	JURY AT DRK? YES 2 [	_ NO	28d. DESCR	IBE HOW I	NJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At he, etc. (Specify)	ome, ferm,	street, fac	tary, affic	e e		28f. LOCATION City or 1	ON (Street fown, State)	and Numb	er or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSIC 2 🗌 MEDICAL EXAMINED												and manner as stated.
BE	296. SIGNATUSE AND TITLE OF CERTIFIER	1 Ka	to					8687			1	TE SIGNEO (	Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO STEPHEN J. KATZ			,	. ,	NT,	MD	2190	)2				
	31. DATE FILEO (Month, Day, Year) MAY 0 9 90	32. REGISTR	AR'S SIGNATURE	Panda	102_								

is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BY

COMPLETED

BE 2

MPORTANT: If Item 28

215-22-3170  1 M 2 Z F 97  98. MONTHS DAYS HOURS MIN. Oct. 12, 1892  Mar.  98. FACILITY NAME (If not institution, give street and number)  Augsburg Lutheran Home  RESIDENCE OF DECEDENT  108. STATE  109. CITY, TOWN OR LOCATION  Md.  100. CITY, TOWN OR LOCATION  Baltimore  100. STREET AND NUMBER  600 Light St.,  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE.)	Id. INSIDE CITY LIMITS? YES 2 \( \square\) NO
215-22-3170  1	yland  In inside city Limits?  Yes 2   No AT COUNTRY?  S • A •  American Indian, White, stc.
Augsburg Lutheran Home  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.  10c. CITY, TOWN OR LOCATION  Baltimore  10d. STREET AND NUMBER  600 Light St.,  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  FORCES? 1 YES 2 AND  If YES 2 AND  If YES 2 AND  If YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-  If yee, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE— Black, W  Specify:  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use refined.)  Seamstress  17. FATHER'S NAME (First, Middle, List)  Charles C. Starner  18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  9 Acorn Circle Apt. 201 Towson, Md. 2120  20b. METHOD OF DISPOSITION (Name of correlery, gramatory or competery compe	id. INSIDE CITY LIMITS? YES 2 NO NIT COUNTRY? S A a American Indian,
10c. CITY, TOWN OR LOCATION  Md.  10c. STREET AND NUMBER  600 Light St.,  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  10f. ZIP CODE  21230  11f. MARITAL STATUS  11   Never Merried   2   Merried   1   YES   2   ZINO   1   YES   2   ZINO   1   YES   2   ZINO   1   YES   2   ZINO   1   YES   2   ZINO   XSpecify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16f. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT entered.)  Seamstress  17. FATHER'S NAME (First, Middle, Last)  Charles C. Starner  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  9 Acorn Circle Apt. 201 Towson, Md. 2120  206. MCCHODA GRISPOSITION  206. DOCATION — City or Town.	YES 2 NO AT COUNTRY?  S A A  American Indian, white, stc.
Md.  Baltimore  106. STREET AND NUMBER 600 Light St.,  11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If Yes, specify Cuben, Mexican, Puerto Rican, etc.)  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE—Black, W. Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Give during most of working life. Do NOT use resired.)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)  18. MOTHER'S NAME (First, Middle, Melden Surname)  19a. INFORMANT'S NAME (Type/Print) Charles C. Starner  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  9 Acorn Circle Apt. 201 Towson, Md. 2120	YES 2 NO AT COUNTRY?  S A A  American Indian, white, stc.
11. MARITAL STATUS	American Indian, white, stc.
Nover Merried     Merried     Merried     PORCES?     YES     YES     NO       YES     NO   Specify:   Speci	Yhite, stc.
Completed   Conting   Co	
Charles C. Starner  Ida Alberta Baldwin  196. INFORMANT'S NAME (Type/Print) Charles S. Myers  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Acorn Circle Apt. 201 Towson, Md. 2320  206. METHOD OF DISPOSITION  206. PLACE OF DISPOSITION (Name of correctory cremetory or	
19a. INFORMANT'S NAME (Type/Print)  Charles S. Myers  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  9 Acorn Circle Apt. 201 Towson, Md. 2120  20s. METHOD 95 DISPOSITION  20b. PLACE OF DISPOSITION (Name of cornellary gramatory or	
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of correlator, crematory or 20c. LOCATION — City or Town	4
4 Donation 5 Other (Specify) Baltimore,	, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings	2111 Mills, Md
23. PART I. Enter the diseases, Dr complications that caused the death. DD nDt enter the mode of dying, such as cerdiac or reapiratory errest, shock, or heart failure. List Dnly Dna cause Dn each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):	Approximata interval Betwee Onset and Deal
Sequantially list conditions,  Due to (or as a consequence of):	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	-6
that initiated events resulting in death) LAST	
PERFORMED? A	PERE AUTOPSY FINDING
1	OMPLETION OF CAUSE F DEATH?

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) 1 Dinpetient 2 ER/Outpatient 3 DOA lence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, date and place, and due to the cause(e) and main

296. SIGNATURE AND TITLE OF CERTIFIER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED MAY 8 32 REGISTRAR'S SIGNATURE DEVISEON

DHMH-18 Rev 1/89

Mark and the second of the second

inspiritation on g

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

TPACA

32. REGISTRAR'S SIGNATURE Pandale

16ar), 90

31. DATE FILED (Month, Day,

	1 . SIAIE	STATE OF MARYLAND /				łE	0 14424
*	4. SOCIAL SECURITY NUMBER 5.	AFFE SEX 6. AGE (In yrs. los &M 2 - 80	of birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	05 - 0 1 7. DATE OF BIRTH (Month, Day, Year) 11-30-1	7-199 (	BIRTHPLACE (State or Foreign Country) Italy
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.  Carr  10a. STREET AND NUMBER  617 Tarrowe	roll N. P. Jee	10c. CITY, TOWN O	Westmens PRECORE 101. ZIP CODE 21074	Tev	10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 1 YES 2 NO OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted) (G College (1-4 or 5 +)	CEDENT'S USUAL Of the kind of work done to Do NOT use retired.)	during most of working	an, Puerto Rican, etc.) ly:	JSINESS/INDUST	RACE — American Indian, Black, Whita, atc. Specify: White
BE COMPLETED	11th grade  17. FATHER'S NAME (First, Middle, Last) ROCCO Maffei  18a. INFORMANT'S NAME (Type/Print)	Clot	thing Wor	16. MOTHER'S NA T. Mari	Mavest  Me (First, Middle, Meide ia Fishett  Route Number, City or To	n Surname) Î	de)
TO	Mrs. The Ima Maffei  20. JETHOD OF DISPOSITION 1 Buriat 2   Cremation 3   Remova Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEM	I from State 20b. PLACE other pl	of disposition (Nace) Grace	er Pike, Ham me of commetery, cremetery or Cemetery NAME AND ADDRESS OF FA 34 S. Main S	20c. L U	pperco, Funeral	or Town, State Md. Home
	23. PART I. Enter the diseases, or con shock, or heert fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirato	eth. Do not enter	the mode of dying, suc	ch as cardiac or ree		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE		& Muu	s prag	<i>`</i>	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of	contributing to deeth but not	resulting in the ur	nderlying ceuse given in		N AUTOPSY DRMED? 2 (XO)O	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIA		IOSPITAL: Inpetient 2 = ER/Outpetient :  28a. DATE OF INJURY (Month, Day, Year)	OTHE: 4 Nus 28b. TIME OF INJURY	26. PLACE OF DEATH (C R: sing Home 5 Residence 28c. INJURY AT WORK7 1 YES 2 NO		INJURY OCCUR	RED
BE COMPLETED B	3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	28a. PLACE OF INJURY — At he building, stc. (Specify)  IN: To the best of my knowledge, do no the basis of axamination and/or	eath occurred at the	lime, data and place, and du	e ilme, deta and placa,	enner as stated.	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type Print)	1		1 1/1	20

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAY 08 90

32. REGISTRAR'S SIGNATURE
Sphia Davidson-Rondall

	1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)  Joann Mar	ie MC MANUS			2. DATE OF DEATH DATE OF O.1	YE 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  312 34 9720  9a. FACILITY NAME (If not institution, give	5. SEX 6. AG	E (In yrs. lest birthday) F 53 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURE MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTN (Month, Day, Year) 11-21-193		SIRTNPLACE (State or Foreign Country)  ndiana  OF DEATH
TOR	Doctor's Hospita	1		Lanham, Maryla	and	Princ	e George's
DIRECTOR	10e. STATE 10b. COUNT	ce George's	10c. CITY, TO BOW	own or location			16d. INSIDE CITY LIMITS?  1XX YES 2 NO
FUNERAL	100. STREET AND NUMBER 12302 Melody Tur	n		101. ZIP CODE 20715			of what country? ed States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 — YES 2 X NO Speci	an, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed)  College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work His. Do NOT use re Director	done during most of working tired.)	Park an		
BE CON	17. FATNER'S NAME (First, Middle, Last)  Clarence E. Olso	n			AME (First, Middle, Meiden		
5	190. INFORMANT'S NAME (Type/Print)  Margaret Davidso	n .		ong Ridge Lane		, - ,	-7
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3 Rer  4  Donation 6 Other (Specify)	1	other place)	ong Kidge Lane (Neme of cemetery, cremetory or olitan Cremato	20c. LO	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE L	icensee Evans	? Pres	22. NAME AND ADDRESS OF F Beall- Evan 16000 Annap	ACILITY s Funeral H	Home, P	.A.
	23. PART I. Enter the disease, or shock, or heert feliure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Met	eech line.		ch as cerdiec or respi	ratory srrest,	Approximete interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c	S A CONSEQUENCE OF):				
CAL	PART II. Other significent condition A Ne m'(Q		but not resulting in t	he underlying ceuse given i	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C			
BY PHYS	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O		28d. DESCRIBE NOW I	NJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Nomicide determined	28e, PLACE OF INJU	IRY — At home, ferm, streepecify)	ot, factory, offica	28f. LOCATION (Street City or Town, State)		Rural Floute Number,
COMPLETED	2001			t the time, date end piece, and du n my opinion, death occured at th			ouse(e) end manner ea stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	& San	n-02	29c. LICENSE NU	NBER -8998	29d. DATE SH	GNED (Morith, Day, Year) 2—90
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	9/0/0	Cherry	CNI	#211

DHMH-16 Rev 1/89

i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
er death. Page 6 may be retained by the hosp	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 yours after death. Page 6 may be retained by the host
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, F.O. BOX 13149,

fulia davidon-Rindell

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTAL H	YGIENI EG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) James	O. Mothe	ershead,					2. DATE OF I			YEAR 90	3. TIME OF D	A. M	
	4. SOCIAL SECURITY NUMBER 578-03-8714		(In yrs. last birthday) '3 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	917	8. BIRTHPLACE (State or Fore Washington,		r Foreign n, D. C		
DIRECTOR	2000 Kirklin Dri							ATH			ity of bi	George	's	
	nesidence of decedent 10a. STATE Mary Land Pri	Oxon	R LOCAT Hil	OCATION 10d. INS						10d. INSIDE C LIMITS?		-		
ERAL	100. STREET AND NUMBER 2000 Kirklin Dri		101	1. ZIP CODE 10g. CITIZEN OF WHAT COULD U.S.A.						HAT COUNTRY		-		
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	1 2	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuban, Maxican, Puarto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:  1. □ YES 2 ☑ NO Specify:							ndian,				
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	S USUAL OC work done o	AL OCCUPATION lone during most of working ed.)  16b. KIND OF BUSINESS. Federal Go							ent.				
	17. FATHER'S NAME (First, Middle, Lest)  James L. Mothers					ME (First, Middle e Wrig	le, Maiden		)					
TO BE	19a. INFORMANT'S NAME (Type/Print) Mildred E. Mother					Rural Route Number, City or Town, State, Zip Code)  Oxon Hill, Maryland 20745								
	20a. METHOD OF DISPOSITION 13 Burtal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	SITION (No.	emet	ery			Suit		, Ma:	ryland				
	21. BIGHAFURE OF FUNERAL BETWICK LIC	x Kales		22.	Geor 6160	ge P Oxo	ss of FAC Ka, n Hi	las Fu 11 Rd.	nera Oxo	l Hor	ne li,	Md.207	45	
	23. PART I. Enter the diseases, or ahock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ACU ACUTE TO FOR AS	d the death. Do each line.	not enter	the mo	de of dy	ing, euch	Aille	or reepl	ratory arr	eat,		dmata I Between Beath	
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  LATERYL SCIENCS 24PAR  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CAL	PART II. Other algolificant condition	ia contributing to death I	but not resulting	In the un	iderlyin	g cause	given in i		PERFOR		24b	WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HOSPITAL:	patient 3 DOA	OTHER 4   Nur	3:			8 Other (Si	oecify)					-
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		M M	1 🗆	YES 2	□ NO	28d. DEŞCRI	BE HOW I	NJURY OC	CURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJUR' building, etc. (Spe	eclfy)					City or To	own, State)			Route Number,		
COMPL	2 MEDICAL EXAMINE	ER: On the best of my known										) and manner	es stated.	
TO BE (	AND TITLE OF CONTROL	Klkat	the C.	200	7	VA	ENSE NUN	098		29d. DAT	HOL	(Month, Day, V	990	
-(	John E. Kilfeat		3301 Arli		n Bl	.vd.,	Fai	rfax,	Va.	2203	1			

DHMH-16 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)  RAYMOND MATHIAS MOYER  2. DATE OF DEATH MONTH MAY 5, 1990 7:38 p. m.															
	F	RAYMON	D MATH	IAS MO	YER					MAY	5	7:38	рм			
	4. SOCIAL SECURITY NUMBER 579-52-8679		5. SEX 1 [XM 2 ] F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E Januar	HTH		8. BIRTH	ntown,	Pa.	
H.	90. FACILITY NAME (If not in Malcolm Grow			er				OR LOCATE		eath rce Bas	e	ec. COUN Pri		George	's	
5	RESIDENCE OF DEC															
DIRE	10a. STATE	10b. COUNT	Y		10c. CIT	Washington, D. C.							10d. INSIDE ( LIMITS? 1 YES 2			
FUNERAL DIRECTOR	100. STREET AND NUMBER 530 Newco										U.S.	HAT COUNTR	Y?			
BY FUN	11. MARITAL STATUS  1  Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT, EVER IN U.S. AI FORCES? 1 Yes 2 IF YES, GIVE WAR OR DATES  1929 — 1959						If yes, sp		in, Mexica	NIC ORIGIN? (S an, Puerto Ricar fy:		or No-	Black,	- American White, stc. White		
		EDENT'S EDU	CATION	16a. Di	ECEDENT'S	USUAL O	CCUPATI	DN ont of works		16b. KiN	OF BUS	INESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)					ise retired.)				U.S	s. Ar	my				
BE CON	17. FATHER'S NAME (First, M OSKET A.					18. MOY	ice	P.	Bor							
TO B										Route Number, C				200	32	
	20s_METHOD OF DISPOSITION 1					Nat	iona	netery, cred	metory or	ery	20c. LOCATION — City or Town, State Arlington, Va.					
	21. SIGNATURE OF FUNERAL BETWICE LICENSES					23. G	eorg	e P.	ss of E	as Fun	eral	Home			1	
	23. PART I. Enter Dia d		nace							1000				Approx		
	ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	PULMONAR	e. Y ARI	REST								Interva	l Between and Death			
			O (OR AS A CONSE													
8	Sequentially list condit		OPHAGEAL CANCER SEQUENCE OF):								-					
A	If any, leading to imme cause, Enter UNDERLY	O (ON NO A CONSE														
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO	O (OR AS A CONSE	CONSEQUENCE OF):											
	d															
MEDICAL	PART II. Other algoritics	ent condition	ne contributing to	o death but not	resulting	in the U	nderfyin	g cause	given in	1 Part I. 24a. WAS AN AUTOPSY PERFORMED? ANILLABLE PR COMPLETION OF DEATH!			OT RO			
- 1	1   YES 2   NO										□ NO					
등	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTUE		LACE OF I	DEATH (C	heck only one)						
YSI	1 TYES 2 XNO		1 X Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 R	asidence	6 Other (S)	pecify)					
BY PHYSICIAN:	27. MANNER OF DEATH  1 X Natural 5 2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT DRK? YES 2	□ NO	26d. DESCRI	BE HOW II	NJURY OCC	CURED			
- 1	3 Suicide 6 Homicide	26a. PLACE building	OF INJURY — At h s, etc. (Specify)	ome, farm,	street, fac	tory, offi	a		28f. LOCATIO City or R	ON (Street a own, State)	and Number	or Rural R	Noute Number,			
COMPLETED	anal		ER: On the basis of											) and manner	as stated.	
	29b. SIGNATURE AND TITLE			-	29c. LIC	ENSE NU	IMBER		29d. DATE	E SIGNED	(Month, Day, )	ber)				
BE	Anheis									MAY						
2	30. NAME AND ADDRESS OF KATHLEEN M					e, Print)				ROW US			L CE	NTER		
	31. DATE FILED (Month, Day.			AR'S SIGNATURE	MC		A	NUKE	A CV	rb, M	2	7331-	2300			
	MIN U A JOU	400		1. Dad	.00											

		2,	
di)		and by	
BALTIMORE, MARYLAND 21203-3146	. OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed wittin 24 nours after death, Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transferment Pow 1, 2, hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	beam 10 to monday or them 22 about one fature or other frommothe entent the madical avandance money he motified of announ
BALTII	nours after death. P	ed in by the funeral or removal.	madical evamin
13146,	executed within 24	n and completely fille to bunal, cremation,	matic event the
P.O. BOX	eath certificate be	ittending physician tal Hygiene prior t	ment white an a
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the de	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept, of Heath and Mental Hyglene prior to burial, cremation, or removal.	2 ohnue any injur-
OF VITAL	S PHYSICIAN: The lan	r this certificate has	retail or Ham 25
NOISING	OR ATTENDING	DIRECTOR: After hours after death	Name 20 to make

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

SOCIAL SECURITY NUMBER							
	Mary M		me		2. DATE OF DEATH		YEAR 3. TIME OF DEATH
		E (iri-yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
216 46 7765	1 🗌 M 2 🔯 F	74 YRS.	IONTHS DAT	IS HOURS MIN.	and the same of th	915	Country) PG's Maryland
e. FACILITY NAME (If not institution, give			9b. CITY, TOW	VN OR LOCATION OF DE	ATH		TY OF DEATH
Washington Adver	ntist Hospit	al	Tako	ma Park, M	/ld	Mong	tomery
RESIDENCE OF DECEDENT  10b. COUNT	TY	10c CITY	TOWN OR LO	CATION			10d, INSIDE CITY
Md	PG's		nam, M	ld			LIMITS?
9118 Wallace Ro	ad			20706			S.A.
1. MARITAL STATUS  Never Married 2 Merried  Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISPAI , specify Cuben, Mexica YES 2 NO Specif		or No—	14. RACE — American Indian, Black, White, etc., Specify: BLack
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Nursi	ork done during retired.)	PATION g most of working	Hospit		STRY
7. FATHER'S NAME (First, Middle, Last)			0	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	
Stephen Ennis				The second second second second	ice L. Her		Ennis
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	set and Number or Rural	Route Number, City or Town	n, State, Zip (	Code)
Jean Woodfork		10900 I	lake A	rbor Way	Mitchellvi	lle,	Md 20716
Qs. METHOO OF DISPOSITION  George Burlel 2 Cremation 3 Reg	movel from State	Fort Linco	oln Cei	metery cremetory or			urg, Md
1. SIGNATURE OF PUHERIAL SETWICE L		a- Dlad	22. NAM	E AND ADDRESS OF FA	odfork Fun	eral	Home
23. PART I. Enter the diseases, or	7 17 (/VI	Scooler					
MMEDIATE CAUSE (Final disease or condition resulting in death)	s. MET A	TATAT	1 6	BRE.	AST (ANCE	AN	Interval Betwee
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b.  DUE TO (OR AS  C.  DUE TO (OR A	S A CONSEQUENCE OF	75A5 3)c	(V)	ONE AN	1764	U / -
hat initiated events							i
	d						
that initiated events resulting in death) LAST	d	but not resulting in	the underl		Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDING
that initiated events resulting in death) LAST	d	n but not resulting in	the underl		Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
that initiated events resulting in death) LAST	d		20		PERFOR	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition  For the condition of the condition o	d		20 OTHER:	lying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 PRetural 5 Pending	HOSPITAL: 1 Garage 2 ER/O 26a. DATE OF INJUR	utpatient 3 □ DOA	20 OTHER: 4   Nursing   OF   28c.	lying cause given in	PERFOR	ANO MEDS.	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 CNO  7. MANNER OF DEATH	HOSPITAL: 1 Shopstert 2 ER/O 28e. DATE OF INJUR	utpatient 3 DOA  Y 26b. TiME INJU	20 OTHER: 4   Nursing   OF   28c.	lying cause given in  8. PLACE OF DEATH (Ch  Home 5 Residence  INJURY AT  WORK?  YES 2 NO	PERFOR  1 YES 2  eack only one)  6 Other (Specify)	MED?  THO  NJURY OCC	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 CNO  7. MANNER OF DEATH  1 Pletural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  9e. CERTIFIER (Check only)	HOSPITAL: 1 SAnpatient 2 ER/O 26a. DATE OF INJUR (Month, Day, Yea.  28c. PLACE OF INJUR 28c. PLACE OF INJUR 50 Duilding, etc. (S	utpatient 3 □ DOA  Y 28b. TiME INJU  IRY — At home, farm, st pocify)  owledge, death occurred	OTHER: 4   Nursing   OF   28c. RRY   1   Ireet, factory, of	lying cause given in  8. PLACE OF DEATH (Ch Home 5 Residence INJURY AT WORK? YES 2 NO office	PERFOR  1 YES 2  1 YES 2  Other (Specify)  2ed. DESCRIBE HOW I  2ef. LOCATION (Street City or Rown, State)	NJURY OCCI	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  JRED  Were Rural Route Number,
PART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 CNO  7. MANNER OF DEATH  1 Pletural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  9e. CERTIFIER (Check only)	HOSPITAL: 1 Graphitert 2 ER/O 26e. DATE OF INJUR (Month, Dey, Yea 26e. PLACE OF INJUR (Month, Dey, Yea 26e. PLACE OF INJUR (SCIAN: To the best of my kn	utpatient 3 □ DOA  Y 28b. TiME INJU  IRY — At home, farm, st pocify)  owledge, death occurred	OTHER: 4   Nursing   OF   28c. RRY   1   Ireet, factory, of	lying cause given in  8. PLACE OF DEATH (Ch Home 5 Residence INJURY AT WORK? YES 2 NO office	PERFOR  1 YES 2  1 YES 2  1 YES 2  2 Other (Specify)  2 of. LOCATION (Street City or Town, State)  5 to the cause(s) and maintime, data and place, and	NJURY OCCI	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  JRED  W Rural Route Number,
PART II. Other significant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  9e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	HOSPITAL:  1 Sapatient 2 ER/O  28e. DATE OF INJUR (Month, Dey, Yea  28e. PLACE OF INJUR (Month, To the best of my kn  NER: On the basis of examins	utpatient 3 DOA  TY 26b. TIME INJU IRY — At home, farm, st pocity) owledge, death occurred tion and/or investigation	OTHER: 4   Nursing   Coff   28c. RY   1 Irreet, factory, of the time, in, in my opinion	lying cause given in  8. PLACE OF DEATH (Ch  Home 5 Residence  INJURY AT  WORK?  YES 2 NO  office  date and piece, and due on, death occured at the	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCCI	24b. WERE AUTOPSY FINDING ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  JRED  W. Rural Route Number,  d.  cause(e) and manner as stated.

DHMH-16 Rev 1/89

osb	ale Che	eš.
e h	Petal	Juc.
b th	De C	15
B	plu	Pe
tain	sho	1
9	9	5
ay b	pag	å
E	100	ust
96	Brec	E
E.	rald	in e
earth	nue	Cam
er d	the t	6
aff	by	Hea
OUR	ni b	The
4 1	fillec on.	9
ii	ety	= 7
W	crer	/en
per	ial.	6
GCU	pur	ati
89	r to	E
ite b	Sici	E
iffica	ph ane	her
Cer	ding	0
ath	rtten tal	6 ,
e de	he a	=
#	by t	=
4	per th	ВШ
nire	Sign	*
reg	50	Sho
AMP.	as b	23
The	te h	IMPORTANT: If Iem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N	Sta	=
SICIA	cert	0
F	this	ked
9 9	ter t	паг
NO	Ath	99
TE	TOR	28
A All	REC	E
0	0 2	5
TA	RA	=
OSF	UNE	M
平	市下	E
-5	中の	AP
IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Dent, of Health and Mental Hotierie prior to burial, cremation, or removal.	· ==

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND I	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Midgle, Last)	MARTIN	7		2. DATE OF DEATH	5 9°C	AR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER  579-24-1155	5. SEX 6. AGE (In yrs. les	YRS. IF UNDER 1 YEAR MONTHS DAY	7. DATE OF BIRTH (Month, Day, Year)	onth, Day, Year) County)						
OR	90. FACILITY NAME (If not institution, give str	Julsing Cens	LEZ SI. CITY, TOW	NOR LOCATION OF DE	Spoins	9c. COUNTY	of DEATH GOMERY				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	at	10c. CITY, TOWN OR LO	CATION	- 0	-	10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	wingomery Aur	10	10g. CITIZEN OF WHAT COUNTRY?							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 VES 2 P IF YES, GIVE WAR OR DATES	NO If yes	2091 DECENDENT OF HISPAN specify Cuban, Maxica (ES 25 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary(Secondary (0-12) College (1-4 or 5+)  CARE TAKER  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Church  Church										
BE CO	17 FATHER'S NAME (First, Middle Last)	LUNDERS		18. MOTHER'S NA	ME (First, Middle, Maider  JESS/	Surname)					
TO	HOMER C. SU	unders 3	B 15 Em	ERSON -	Route Number, City or Tow SKNW	vn, State, Zip Coo	D.C. 20011				
	20a. METHOD OF DISPOSITION 1 Difficial 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	val from State	ICU/M C	EMELEN	1 Su	CATION - City	d, mad				
	21. BIGHATURE OF FUHERAL BERVICE LIPE	Janh	22. NAM JOL 7/6	AND ADDRESS OF FA	Enlines -	vw u	vasA. J.C				
	23. Part 1. Enter the disease, or canock, or haert failure. LimmeDIATE CAUSE (Final disease or condition resulting in death)	omplications that ceueed the de- lat only one cause on each line.  DUE TO (OR AS A)CONSE	elmona	us Ar	nest	olratory arrest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Diabetes Mellitus  Due to (or as a consequence of):  Due to (or as a consequence of):										
CAL CER	PART II. Other significent conditions	contributing to deeth but not	resulting in the under	ying cause given in			24b. WERE AUTOPSY FINDINGS				
: MEDICA					1   YES	2 (140)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	OTHER:	S. PLACE OF OEATH (Ch							
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	Home 5 Residence INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	EO				
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)			201. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,				
BE COMPLETED BY PHYSICIAN: MEDI	one)	CIAN: To the best of my knowledge, do					suse(s) and manner as stated.				
	Sold Title of Contifier	ndr Im		D36	MBER 046	29d. DATE SI	28/90				
1	TOHO TIME	READINO S	IR MD 4	701 PANI	DOLPH PS.	2085	\$ 216				
	MAY 0 1 '90	32. REGISTRAR'S SIGNATURE  Sundam Parisland	indell				DHMH-16 Rev 1/8				

nit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL HYGIEN					
(1	1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH			
	DAVID WAYNE	MOSER				APRIL 28,		8:16 P **			
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	211 01 0377	x <sup>M 2</sup> □ F   19	YRS.	ITHS DAYS	HOURIS MIN.	7-31-197		Maryland			
~	9a. FACILITY NAME (If not institution, give street	,	96.		R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		BALTIM	ORE	BALT	IMORE CITY				
EG	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON		10d. INSIDE CITY LIMITS?				
듬	Maryland Washin	gton	Had	gersto	vn			1 YES 2 XNO			
AL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	144 Peacock Trail			21740		U	.S.A.				
5	11. MARITAL STATUS 12.  1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	n or No- 14.	RACE — American Indian, Black, White, atc.			
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES TO		2) NO Specify			Specify: White			
	15, DECEDENT'S EDUCATION	ON I	16a. DECEDENT'S USU	IAL OCCUPATIO	N	16b, KIND OF BU	SINESS/INDUS	FRY			
	(Specify only highest grade com Elamentary/Secondary (0-12)	(Give kind of work life. Do NOT use re	done during mo	at of working	3400000						
립	1	Studen	t		N/A						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BEC	Thomas E.	Mos	ser Sr.		Mary	Lou	Neidli	nger			
10	19a. INFORMANT'S NAME (Type/Print)		ACCOMPANIES N			Route Number, City or Tox					
٦	Thomas E. Moser S.					agerstown,	- mb				
	20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometary, crematory or other place)  20c. LOCATION — City or Town, S other place)										
	4 Donation 5 Other (Specify)		est Haven	-	D ADDRESS OF FA		gerstown, Maryland				
	7606 Boonsboro Pike										
	Douglas A. Fier	y 1 Sugla	N. Tunu								
	23. PART I. Enter the diseases, or com shock, or heert fellure. List	plications that coused	the death. Do not ach line.	enter the mo	de of dying, suc	n as cardiac or resp	iretory arrest	, Approximate interval Between			
	IMMEDIATE CAUSE (Fine)										
	disease or condition — ST V 5 1 S  e. ST V 5 1 S  DUE TO (OR]AS A CONSEQUENCE OF):										
	DUE TO (OF AS A CONSEQUENCE OF):										
NO.	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
AT	if eny, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events	CAUSE (Disease or injury									
E	resulting in deeth) LAST										
	PART II. Other significant conditions of	ontributing to death b	ut not resulting in t	he underivin	cause given in	Part I. 24s, WAS AI	N ALITOPSY	24b. WERF AUTOPSY FINDINGS			
CAL	transpositio					PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
			5		, ,	1 Z YES	2   NO	OF DEATH?			
Σ.						_		To I to I to			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)					
Sic		OSPITAL: ☑ Inpatient 2 ☐ ER/Outp		THER:  Nursing Horr	e 5 🗆 Residence	6 Other (Specify)					
ΉÝ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED			
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(month, buy, rous)			rES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, offic		281. LOCATION (Street City or Town, State		Rural Route Number,			
TE	4 Homicide detarmined										
COMPLETED	CONSCR ONLY	N: To the best of my know	riedge, death occurred a	t the time, date	and place, and due	to the cause(s) and ma	nner as stated.				
₩ O	enn!	on the basis of axaminatio	n and/or investigation, i	n my opinion, c	eath occured at the	time, data and place, a	nd due to the c	euse(s) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)			
TO B	11 100	M	0				<b>▶</b> 7/	1949/90 140 21205			
F	30. NAME AND ADDRESS OF PERSON WHO C		ATH (ITEM 27) (Type, Pri	nt)	, I	1 11-					
	Mark Haigne	イ ハロ ノ	Ohns Hon	Okuns	Mostin	al Daldio	rone	Mr) 21205			
	04 DATE FUED 71 0				//			0.100			
	31. DATE FILED (Month, Day, Year) 0	32 REGISTRAR'S SIGN			0						

CONTINUE A

2. DATE OF DEATH MONTH DAY

DHMH-16 Rev I/89

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

WI	lliam	J.	Me D	) es mo	OF					. 4		29	90	2300 M
4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. last	l birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH		6. BIRTI	HPLACE (State or Foreign
108-12-0766	)	1 K M 2	3 F 77		YRS.	WONTHS	DAYS	HOURS	Metre.	Jan.	30,	1913		ew York
9e. FACILITY NAME (If not in	nstitution, give	street and number	or)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE				JNTY OF E	DEATH
Washington		y Hosp	ital				Hage	ersto	own					Washington
10a. STATE	10b. COUN	TY			10c. CIT	Y, TOWN	OR LOCATI	ION						10d. INSIDE CITY
Maryland	Wash	nington			H	ager	stown	1						LIMITS?
10e. STREET AND NUMBER					L		101.	ZIP CODE	E			10g. CI	TIZEN OF	WHAT COUNTRY?
11 W. Baltimore St.												U	SA	
1 Never Married 2 1 Married FORCES? 1 YES 27 NO If y							cify Cuber	n, Mexice	n, Puerto R	? (Specify \ Ricen, etc.)	ee or No—	Spec	E — Americen Indien, k, White, etc. #b/: ite	
15. OEC	EDENT'S ED	UCATION		16e. DE	CEDENT'S	USUAL C	CCUPATIO	N of undid		16b.	KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (1		College (1-4	or 5+)	life.	Do NOT u	bor	daning mos	si or worker	·v	15	iron	works		
17. FATHER'S NAME (First, A	Alddle, Last)							16. MOTH	HER'S NA	ME (First, N	Alddle, Maide	n Sumame)		
William Mc		tt								t Bal		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
A. Marie M		ott									oer, Chy or R			740
20e, METHOD OF DISPOSIT		moval from Sta	40	other pla	ecel (ece				,			OCATION -		
4 Donation 5 Other				edar	Law	n Me	mori	al Pa	ark		Ha	gerst	own,	Maryland
21. SIGNATURE OF FUNERA	AL SERVICE I	LICENSEE	-		.2	22. M	NAME AN	D ADDRES	SS OF FA	CILITY AL H	OME			
150	2	- An	20 00		1							acore	tour	, Md. 21740
an DAMY I Salaratha		000		d dha da	oth Do									
23. PART i. Enter the d shock, or h		List Dnly on				not anta	r tha mo	ua or uyi	ing, suc	n aa caro	nac or rea	piratory a	rrest,	Approximata Interval Between
IMMEDIATE CAUSE (FI	nal		. 0.	_	1	0.	0-4							Onset and Death
disease or condition	$\rightarrow$	a. ()	w	uc	_//	VV	and the		n					
		0	UE TO (OR AS	A CONSE	QUENCE O	F)	1	, /	1	1.	1/2	10	A ==	
		a the	toric	RCI	gro	TIT	> 60	un	400	600	ally	- His	Res	
Sequentially list condition if any, leading to imme		Di	UE TO OR AS	A CONSEC	QUENCE O	PF): //	7	-11	7					
cause. Entar UNDERLY	ING	ain	de	La-	ua	K .	efle	al	ue					
CAUSE (Disease or injuthat initiated events	ury	Di	UE TO (OR AS	A CONSE	OUENCE O	P):	0							
resulting in death) LAS	ST	4												
PART II. Other algnific	ant condition	ona contributi	ng to death	but not y	reaulting	In the u	nderlying	cause g	given in	Part i.		AN AUTOPS'	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2 am	2001	2 lu	Capl	all	ph	ic 2	rey	-Duc	Z To	-	1   YES	F 1	- 1	COMPLETION OF CAUSE DF DEATH?
100	1	Vers	wit	- Wil	C, L	any	repa	10	do	me	?	1		1 YES 2 NO
0.0.18	7/10	- 0.1	16	- 0	157	#	nan	1.		- ·			115	
25 WAS CASE DEEEDDED	TO MEDICAL	- and	fres,	ser !	1434	0	20 DI	ACE OF O	NEATH /Ch	ank anti an	201		_	
EXAMINER?	. O MEGROPIE	HOSPITA				OTHE	R:			eck only on				
1 TES 2 THO		1/	TE OF INJURY		-		_		esidence	8 Othe		M AM III AMA	00/1070	
27. MANNER OF DEATH	Pending		onth, Day, Year)		28b. TII	WE OF		PK?	7.45	26d. DES	CRIBE HOV	O VHULIND W	CCUMEO	
2/ Accident	Investigation					M		YES 2	_ NO					
	Could not b	26e. PL bu	ACE OF INJUR	RY — At ho	ome, farm,	street, te	ctory, offic	•			or Town, Ste		er or Rural	Route Number,
4 Homicide	determined													
290. CERTIFIER CER	TIFYING PHY	SICIAN: To the I	best of my kno	wledge, de	ath occur	red at the	time, date	and place	, and due	to the cau	use(e) and r	nenner ee a	teted.	
one) 2 MEC	DICAL EXAMI	NER: On the bee	ia of examinat	lon and/or	investigati	ion, in my	opinion, d	leath occur	red at the	time, date	and place,	and due to	the cause	(a) end manner as stated.
296. SIGNATURE AND TITL	E OF GENTIF	NEM .						29c. LICI	ENSE NU	MBER		29d. O	ATE SIGNE	D. (Month, Day, Year)
6.	L	7110	ha					D	181	2-7		•	41	20/01
30, NAME AND ADDRESS O	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
C.C. 50	C.C. Su. mb 370 Mill St. Hapenstown Ked 21)40.													
31. DATE FILED (Month, Day	Year)	102	SISTRAR'S SIG				1							
MAY 01'90	}	Julia	Davidson	-gand	2002		1							
		17				-								

		1 - STATE ST REGISTRAR	TATE OF MARYLAND / DEPART	MENT OF HEALTH AND M	ENTAL HYGIENE REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last)	K. martin	1	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH PM						
		4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)						
1		2/2-24-573 1 0	M 2 X F 85 YAS.	DONTHS DAYS HOURS MIN.	7-17-1904	MD.						
18	5	Washington Co. &	40spital .	JAGERSTOWN		ASHINGTON						
PIBECTOR	2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY						
		MD WASHI	NGTON CLI	TAR SPRING		1 WES 2 NO						
FBAI		RT. / BOX 9		10f. ZIP CODE		LL.S, A.						
I I		11. MARITAL STATUS 12. V	MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPANII If yes, specify Cuban, Maxican,	C ORIGIN? (Specify Yea or No-							
>			F YES, GIVE WAR OR DATES	1 Tes 2 NO Specify:	, Poetto Hiceri, atc.)	Specify: WHITE						
6		15. DECEDENT'S EDUCATION (Specify only highest grade comple	N 16a, DECEDENT'S Us (Give kind of wo	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BUSINESS/							
P F F		Elementary/Secondary (0-12) Coll	lege (1-4 or 5 +)	MAKER								
once.		17. FATHER'S NAME (First, Middle, Last)			E (First, Middle, Maiden Surname	)						
ed at		192. INFORMANT'S NAME (Type/Print)	TEWALT	DORESS (Street and Number or Rural Ro	Di AULT	Zin Coda)						
be notified at once	2	RUBY BINKLEY	/3530	MERCERSBURG	RD. CLEAR	SPRING MD 2/8/2						
ust be		20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal for	rom State other place)	FION (Name of cemetery, cremetory or	20c. LOCATION	— City or Town, Stata						
Her H		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE	OT. PAUL	22. NAME AND ADDRESS OF FAC	ILITY CLEHK	SPRING MD.						
exami		Elmi L&	Java	THOMPSON FU.	NERAL FROMB CLEAR SPR	INC. ING MD 21722						
medical examiner must		23. PART I. Enter the diseases, or compleanock, or heart failure. List of										
the		IMMEDIATE CAUSE (Final disease or condition		Onset and Daath								
event,	ŀ	resulting in death) a	DUE TO (OR AS A CONSEQUENCE OF)			190						
	5	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
ry, or other traumatic	5	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
or other		that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):									
10, OF		d				1						
marked, or item 23 shows any injury. BY DHYSICIAN: MEDICAL C	7	PART II. Other significant conditions cor	ntributing to death but not resulting in	the underlying cause given in F	PERFORMED?	24b. WERE AUTOPSY FINDINGS  AMILABLE PRIOR TO  COMPLETION OF CAUSE						
hows any		Dicheth h	nelletus	w 1- 00-10 0 w C 0	YES 2 MO	OF DEATH?						
23 sh												
Item I				26. PLACE OF DEATH (ChecoTHER:								
ed, or item 23 s		27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c, INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED						
mark PV		1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJURY — At home, farm, at	M 1 YES 2 NO	281. LOCATION (Street and Num	iber or Rural Route Number						
28 ls	Ü	8 Could not be 4 Homicide detarmined	building, etc. (Specify)	,	City or Town, State)							
ANT: If Item 2		(Ornon Only	To the best of my knowledge, death occurred									
TANT		2 MEDICAL EXAMINER: On 29th SIGNATURE AND TITLE OF CERTIFIER	the basis of examination and/or investigation									
MPORTANT: If Item		Freder A	- Lim	29c. LICENSE NUM	623 D	ATE SIGNED (Month, Day, Year)						
§ <b>₹</b>	4	30. NAME AND ADDRESS OF PERSON WHO COM	10	Print)	00 11							
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	7 Howell	her lege	y lown med						
		APR 26 '90	Julia Davidson-Randal	22								

	10	5	ļ
_	2	5	
	2	2	è
		=	ç
	-	2	į
	喜	ete	ļ
တ်	*	0	6
4	8	ĕ.	-
<u></u>	3	P	2000
-	8	9.	4
×	28	E .	9
0	63	Sic	1
Ď	3	E	9
	E	0.	3
0	8	₩.	1
D.	E	a.	
-	9	69	1
S	9	E.	
9	100	3	ì
E	\$	8	4
S.	Les Sa	6	1
Y	5	S	3 3
~	5	99	1
_	W.	S	4
_	9	Pa-	¢
	F	ate	۰
=	3	ific.	į
	3	ent	44
u.	S	S	
0	E	=	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within persons at	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	
ō	8	A	
- C	2	8	,
~	5	5	
2	œ	RE	
0	0	0	
	E	Z	Ì
	SP	NE	

	1. DECEDENT'S NAME		arles .	Andre	w M	oats			2. DAT	4-22-	1990	VEAD	1:15
	4. SOCIAL SECURITY 219-72-8		6. SEX				R IF UND	ER 24 HRS.		e of Birth	956	8. BIRTHPL Country)	
~	PO. FACILITY NAME (III Rt. 2 B			77		96. CITY, TOW Hages				-10-1	9c. COUN	TY OF DEA	ATH
ō	RESIDENCE OF	DECEDENT											
DIRECTOR	10e. STATE												LIMITS
¥	Rt. 2	Box 2	67A-2				101. ZIP CC	740				EN OF WH	IAT COUNT
BY FUNER	11. MARITAL STATUS 1 Never Married 3 Widowed 4 K		12. WAS DECEDER FORCES? IF YES, GIVE 1	VES :	2 NO	If yee		ben, Mexico	n, Puerte	ilN? (Specify Yo o Rican, etc.)		14. BACE -	White, atc.
		S. DECEDENT'S EDI	JCATION	-	Se. DECEDENT'S	work done during		rking	16	8b. KIND OF BI	JSINESS/INDI	USTRY	
COMPLET	Elementary/Second	dery (0-12)	College (1-4 or 6	+)	agent)	Dreman				Pavi	ng Co	0.	
-		FATHER'S NAME (First, Middle, Last) Charles Frederick Moats						THER'S NA	-	, Middle, Maide Fer		ıder	
BE	19a. INFORMANT'S NA	AME (Type/Print)				ADDRESS (Str		ber or Rural	Route Nu	mber, City or To	wn, State, Zip	Code)	
임	Mr. & M		arles M			2 Box			Hag				
	20a. METHOD OF DISPOSITION  1 Burlai 2 Cremetion 3 Removal from State  4 Donetion 6 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, cremetory or Cedial Lawn Memorial Park Hagerstown, MD.												
	23. PART I. Enter I	, or heart fellure E (Final ion	complications the	use on each	h line.	P. (	Box.	310	O C	ral H lear	Sprin	ng, I	Approinten Onse
TIFICATION	23. PART I. Enter I shock, IMMEDIATE CAUSI	the disease, or, or heart fellure E (Final lon )  conditiona, Immediate ERLYING or injury its	complications the List only one ce	CCY O (OR AS A CO	h line.	P. (Inot anter the	Box.	310	O C	lear	Sprin	ng, I	Appr Inter Onse
_ 1	23. PART I. Enter is shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentially list of any, leading to I cause. Enter UNDIC CAUSE (Disease of that initiated even	the disease, or, or heart fellure E (Final lon )  conditiona, immediate EEIVING or injury its	complications the List only one ce  a	CCY D (OR AS A CO D (OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQUENCE CO	P. (not anter the	. Box	x 31(	O C.	lear ardiac or rea	Sprin  Piratory arm  Autopsy DRMED?	246.	Apprinter Onse
MEDICAL	23. PART I. Enter is shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentially list of any, leading to I cause. Enter UNDI CAUSE (Disease of that Initiated even resulting in death)	the disease, or, or heart fellure E (Final lon )  conditiona, immediate EEIVING or injury its	complications the List only one ce  a	CCY D (OR AS A CO D (OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQUENCE CO	P. (not anter the	. Box	x 31(	O C.	lear ardiac or rea	Sprin  Piratory arm  Autopsy DRMED?	246.	Apprinter Onse Si Y
CIAN: MEDICAL CERTIFICATION	23. PART I. Enter shock, IMMEDIATE CAUS disease or condition resulting in death) Sequentially list of franchise and franchise an	the disease, or, or heart fellure E (Final lon )  conditiona, immediate ERLYING or injury its ) LAST	complications the List only pna ce  a	CCY D (OR AS A CO D (OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQUENCE CO	P. (not anter the	. Box	s 31(	O C:	24a. WAS A PERFO	Sprin  Piratory arm  Autopsy DRMED?	246.	Apprinter Onse Si Y
SICIAN: MEDICAL	23. PART I. Enter shock, IMMEDIATE CAUSI disease or conditive resulting in death)  Sequentially list of if any, leading to I cause. Enter UNDI CAUSE (Disease of that Initiated even resulting in deeth)  PART II. Other alg	the disesse, or, or heart fellure E (Final ion )  conditions, immediate ERLYING or injury its ) LAST  initicent conditions in the conditio	complications the List only pna ce  a	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	ONSEQUENCE CONSEQU	P. (not anter the	ying ceus	a given in	Part I.	24a. WAS A PERF(1 YES	Sprin	246.)	Apprinter Onse Si Y
PHYSICIAN: MEDICAL	23. PART I. Enter shock, IMMEDIATE CAUSI disease or conditive resulting in death)  Sequentially list of if any, leading to it cause. Enter UNDI CAUSE (Disease othat initiated even resulting in deeth)  PART II. Other alg	the diseasea, or, or heart feliure E (Final Ion    Conditiona, Immediate ERLYING or Injury Its   Inifficent condition    IRED TO MEDICAL IND    TH    5  Pending	complications the List only pna ce a. Car n DUE To b. DUE To d. DUE To d. HOSPITAL:  1   Inpatient 2   28a. DATE 0 (Month,	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	ONSEQUENCE CONSEQU	P. (not anter the	ying ceus	a given in	Part I.	24a. WAS A PERF(1 U YES	Sprin	246.)	Apprinter Onse Si Y
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter shock, IMMEDIATE CAUSI disease or conditive resulting in death)  Sequentially list of if any, leading to it cause. Enter UNDICAUSE (Disease of that initiated even resulting in deeth)  PART II. Other alg	the disesse, or, or heart fellure E (Final on )  conditions, immediate ERLYING or injury its ) LAST  inificent conditions in the condition	b. DUE TO  d. HOSPITAL: 1   Inpatient 2 28e. PLACE	O (OR AS A CO O	ONSEQUENCE CONSEQU	P. (not anter the property of the state of t	ying ceus	a given in	Part I.	24a. WAS A PERF(1 YES	Sprin  N AUTOPSY PRINED?  2 NO  I INJURY OCC	24b. )	Appi Inter One Si Y
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter shock, IMMEDIATE CAUSI disease or conditive resulting in death)  Sequentially list of if any, leading to I cause. Enter UNDI CAUSE (Disease of that initiated even resulting in deeth)  PART II. Other alg  25. WAS CASE REFER EXAMINER?  1  YES 2  N  27. MANNER OF DEAT  1  Natural  2  Accident  3  Suicide  4  Homicide	the disessea, or, or heart fellure E (Final on	b. DUE TO  d. HOSPITAL: 1   Inpatient 2 28e. PLACE	COR AS A COO OR AS	onstouence of onsequence of on	P. (not anter the	ying ceus  s. PLACE OI  Home 6 X  WOORK?  YES:	a given in	Part I.	24a. WAS A PERFO	N AUTOPSY PRIMED?  2 NO  **INJURY OCC **Ind Number** **Ind Number*	24b.)	Apprinter Onse S; Y
BY PHYSICIAN: MEDICAL	23. PART I. Enter shock, IMMEDIATE CAUSI disease or conditive resulting in death)  Sequentially list of if any, leading to I cause. Enter UNDI CAUSE (Disease of that initiated even resulting in deeth)  PART II. Other alg  25. WAS CASE REFER EXAMINER?  1  YES 2  N  27. MANNER OF DEAT  1  Natural  2  Accident  3  Suicide  4  Homicide	the disessea, or, or heart fellure E (Final ion	complications the List only pna ce a. Can put to b. Due to b. Due to d. Due	COR AS A COO OR AS	onstouence of onsequence of on	P. (not anter the	ying ceus  ying ceus  B. PLACE OI  Home 5 X  INJURY AT  WORK?  YES:  office	a given in	Part I.	24a. WAS A PERFO	Sprin  N AUTOPSY PRIMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.)	Apprinter Onse S; Y

32. REGISTRAT'S SIGNATURE

TO THE WINDOW PARTICLE

TO THE WINDS AND THE MENT OF THE MENT O

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral directors.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	y th	pe d	at
	Pe	Pin	Pe
	tain	sho	=
	e re	5	2
•	ay b	pag	9
	E	ţō.	15
	obi	Jirec	E
	7	Tal.	e e
	death	fune	хап
	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forest and within the State Deet of Health and Mental Hunters inform in hintal cremation on removal	ca
•	UTS UTS	D P	9
	4 110	Filled	9
	Jin 2	natic	=
	with	nplen	Ven
	rted	8.2	i i
	Desci	and	lat
	pe	ian in	- E
	ate	hysic	1
	ertific	d Ou	oth
,	th C	endi	0
h	dear	att	E.
)	the	the M	in in
	that	D 4	Ju
	res	agigne	80
	edui	en s	hov
	J ME	S be	33
	The	e ha	E
	N.	ficat	- te
•	SICLA	certi	0
)	PHY	this	ked
	NG	fler	Ha
	ON	R. A	96
)	ATTE	00	28
	OR	DIRE	tem
	M	A	II I
	SPI	NER	Ë
	H	3	HIA
	H	王	PO
	2	23	3 ₹

31. DATE FILED (Month, Day, Year)

APR

'90

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)  DEVONA ELLEN MOORE  2. DATE OF DEATH MONTH DAY 17 1990 2. 60 PM								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 2/4-34-6298 1 UM 2 XF 98 YRS. 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 1 DAYS HOURS MIN. 0 1 B 1891 6. BIRTHPLACE (State or Foreign Country) 1 UNDER 1 YEAR IF UNDER 1 Y								
)	98. FACILITY NAME (II not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  WASHINGTON CO. HOSPITAL HAGERSTOWN  WASHINGTON								
DIRECTO	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  100. INSIDE CITY LIMITS?  1 VES 2 NO								
FUNERAL I	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  2/783  U.S.A.								
BY FUN	11. MARITAL STATUS  11. MARITAL STATUS  11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  Specify: WHITE								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementarry/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMAKER								
BE COM	17. FATHER'S NAME (First, Middle, Last)  HARRY SMALL  18. MOTHER'S NAME (First, Middle, Maiden Surname)  ANNA ELIZABETH SHUPP								
TO E	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  DARRYL C. MOORE  355. LOCUSTST. HAGERSTOWN, MD 21740								
	20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  5.T. PAUL CEMETERY  20c. LOCATION - City or Town, State  CLEAR SPRING MD.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY THOMPSON FUNERAL HOME JNC.  POBOX 310 CLEAR SPRING MD 20122								
3.	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart felture. List pnly one cause on each line.								
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  . Metastate malignary privary								
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):    Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?								
N.	1   YES 2   NO								
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO								
ВУ РН	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. DATE OF INJURY 28b. TIME OF INJURY WORK?  1 YES 2 NO  28b. DATE OF INJURY AT WORK?  1 YES 2 NO								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — All home, farm, street, factory, office City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only  2								
BE	200. LICENSE NUMBER 200. LICENSE NUMBER 200. LICENSE NUMBER 200. DATE SIGNED/(Month, Dipy, Your) 200. LICENSE NUMBER 200. DATE SIGNED/(Month, Dipy, Your) 200. LICENSE NUMBER 200. DATE SIGNED/(Month, Dipy, Your)								
2	SE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								

32. REGISTRAR'S SIGNATURE
Films Dundson-Mondell

90.

×

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	C	ERTIFICA	TE C	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O				TIME OF DEATH
MARGATE	I Ann A	Ac.C.I	AN	AHAN	MONTH	OA OA		EAR	1223 AH
4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE (In yrs. is	est birthday) IF t	INDER 1 YEA	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8.	BIRTHPLA	CE (State or Finian
K70.34 541.7		MON	THS DAY	'S HOURS MIN.	(Month,	Dey, Year)	Q W	ash i	ngton
9a. FACILITY NAME (If not institution, give	/ 02	4	CITY TOW	VN OR LOCATION OF DE		20-0	9c. COUNTY		
Anne Arundel M	ledical Center	r _	A	nnapolis			Ann	e Ar	rundel
10a, STATE 10b, COUNT	· · · · · · · · · · · · · · · · · · ·	10c. CITY, TO	WN OR LO	CATION				10d	I. INSIDE CITY
			_						LIMITS?
Maryland Ann	ne Arundel	Anna	abot						YES 2 THO
106. STREET AND NUMBER			ı	10f. ZIP CODE					COUNTRY?
1281 Cape St.	Clair Road			21401			U.	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		13. WAS	DECENDENT OF HISPAN , specify Cuban, Maxica	NIC ORIGIN?	(Specify Yea	or No- 14	Black, W	American Indian, hite, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			YES 2 NO Specif				Specify:	
3   Widowed 4   Divorced							I W	hite	
15. DECEDENT'S EDU (Specify only highest grade	JCATION 16a. D	DECEDENT'S USU (Give kind of work if the Do NOT use ret	AL OCCUP	ATION most of working	16b. I	KIND OF BUS	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ife. Do NOT use ret	ired.)						
11	F	lomemal	ker			Hom	e		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mi	iddle, Maiden	Surname)		
Henry J. Wagne	r			Eliza	beth	Wal	dron		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Str	eet and Number or Rural			As a second	ode)	21401
	10								
Frank B. McCl				St. Cla	IT R		CATION — CH		
20a METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Ren	noval from Stata other	place)							
4 Donation & Daily (Specify)	1 17 C	edar H	ill	Cemetery	*		tland	, MI	)
21. SIGNATURE OF PRINCIPAL BETWEE LI	CENSEE		Tav	Lor Fune	ral	Chap	el		21401
Velley X.	Taskor			Glouces		_		olis	
22 PART I Enfor the Hissanse Cr	complications that caused the	death Do not							Approximata
23 PART I. Enter the diseases, or slock, or heart failure.	List only one ceuse on each ile	ne.	miter the	inode of dying, edc	al ee celui	oc or reepi	rotory erros	4,	Interval Between
IMMEDIATE CAUSE (Finel	7 - 6	10 1							Onset and Death
disease or condition resulting in deeth)	· Carcinoma of	The L	ung						7 months
	DUE TO (OR AS A CONS	SEQUENCE OF):	J						
	1 Pheumonia								
Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR AS A CONS	EQUENCE OF):		-					
cause. Enter UNDERLYING	•								
CAUSE (Disease or injury thet initiated events	OUE TO (OR AS A CONS	EQUENCE OF):							
resulting in deeth) LAST	2								
	d.								
PART II. Other significent condition	ne contributing to death but not	t resulting in ti	ne under	lying cause given in	Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
			_			1 TYES 2		co	MPLETION OF CAUSE DEATH?
									YES 2 NO
					_				
25. WAS CASE REFERRED TO MEDICAL	T		2	8. PLACE OF DEATH (C/	back only one	13-			
EXAMINER?	HOSPITAL:		THER:						
1 D YES 2 NO	1 Pinpatient 2 ER/Outpatient			Home 5 - Residence	V				
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME OF		WORK?	26d. DE\$6	CRIBE HOW I	NJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	t, factory,	office	261. LOCA	TION (Street :	and Number or	Rural Route	Number,
4 Homicide determined					0.,70				
29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my knowledge,	death accumud -	the time	data and place, and di-	a to the ec-	an(a) and are	nner en etet-d		
Crieck only	IER: On the basis of examination and/o								ed manner on stated
		or diversigation, II	, my opini	on, death occurred at the	- initie, Clare	and prace, ar			
256 SIGNATURE AND TITLE OF CERTIFIE	ER /			29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
1 /m Wha	muly. Mg						5,	19/	90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Pris	nt)	1 1	//		/	1	
James Chamberlas			rm K	cl Arnol	d, I	10 1	1012		
MAY 1 0 1990 gul	22. REGISTRADIS SIGNATURE								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

Edition 11

No.

inal prompte

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFICA			IENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) Burton	Lee	Morris			2. DATE OF DEATH APTIL 23	, 19 <b>ў</b> (	3. TIME OF DEATN 8:15 P M
	218-20-2658	1 💢 M 2 🗆 F	70 YRS. MOR	UNDER 1 YEAR WITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) July 7, 1	919	HATTHPLACE (State or Foreign Country) Maryland
TOR	99. FACILITY NAME (If not institution, give atre Meridian Nursing C Corsica Hills RESIDENCE OF DECEDENT	enter,		Centre	ille	ATN	Queer	of DEATN n Anne's
DIRECTOR	10s. STATE 10b. COUNTY	n Anne's		ntrevi]				10d. INSIDE CITY LIMITS?  1 YES 2 NO
	10e. STREET AND NUMBER RFD				ZIP CODE 21617			of what country? ed States
BY FUNERAL	11. MARITAL STATUS  1 1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECE	NDENT OF NISPANI	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No 14.	Black, White, etc.  Specify:
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Far	done during mos tired.)	N t of working	16b. KIND OF BUS	siness/indust	
E COMF	17. FATHER'S NAME (First, Middle, Last) George Q	Morr	•	mer		ME (First, Middle, Maiden	Surname)	rett
TO BE	190. INFORMANT'S NAME (Type/Print) B Edward F. Morris	rother			et, Wyon	oute Number, City or Town	n, State, Zip Coo 19934	io)
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remote  4 Donation 5 Other (Specify)	26790 State	20b. PLACE OF DISPOSITION Office place) Woodlawn Me	10000			Cation - City Easton,	or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	Barton,	Jr.			neral Home 222, Centr		, MD 21617
CERTIFICATION	23. PART-1. Enter the diseases, or coahock, or heert failure. LimmEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR		G	le of dying, auch	n aa cardiec or reap	fetory arrest,	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other algnificent conditions	contributing to dee	th but not resulting in t	he underlying	ceuse given in	Pert I. 24a. WAS AN PERFOI 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		THER:	ACE OF DEATH (Che	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATN  1 Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Y	JRY 286. TIME O	PF 28c. INJ		28d. DESCRIBE NOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be determined	26e. PLACE OF IN- building, etc.	26e. PLACE OF INJURY — At home, farm, street, factory, offica  26f. LOCATION (Street and Number or Rural Ro  City or Town, State)					
COMPLETED	CONSTRUCTION OF THE PROPERTY O	the second second second	knowledge, death occurred a nation and/or investigation, i					suse(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	Ine	97		DIS2	ABER 45	≥ 4	QHED (Month, Pay, Year)
F	John R. Smith, J	R., M.D.	Centrevi		ıryland	21617		•
	31. DATE FILED (Month, Day, Year) APR 2 6 '90	932 REGISTRAP'S	SIGNATURE LOCAL					

graden nae

**ARYLAND 21203-3146** 

		-
ŀ		2
ļ	-	-
ľ	k.	1
į	ĕ	ε
ľ	74	è
,	*	E
		Ē
		N S
	8	-
,	10	6
	ē	3
	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	moded or liam 22 shaw any injury or other trainmatic avant the medical eventuar much he is
	Ċ.	9
	뜵	=
	Ë	-
	e c	9
	-	ě
	Ë	
	ă	100
	5	Ė
	Ö,	2
	ā	-
	en e	2
	ē	7
	Í	è
	雪	,
	le	1
	2	3
•	an	2
	5	8
b	ea	9
	T	100
	6	4
	ä	c
	ద	6
	음	-
	Ste	10.
	9	
	10	
		-
	2	Ann
	eat	8
	ō	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) BB B MA CK O	2. DATE OF DEATH DAY YEAR 5 14 90 4 45 4 M							
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1. M 2 F  F  NONTHS  AND  IF UNDER 1 YEAR IF UNDER 24 HRS.  WONTHS  AND  HOURS  MIN.	7. DATE OF BIRTN (Month, Day, Year)  S. (11) 9 C  S. BIRTHPLACE (State or Foreign Country)  S. (11) 9 C  F.S.K. M. C							
TOR	96. FACILITY NAME (If not institution, give street and number)  FSKMC EASTERN AVE BALMD NICH, FSK  RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 13.AL TIMORE	10d. INSIDE CITY LIMITS?  1 A-YES 2 \( \text{NO} \) NO							
FUNERAL	100. STREET AND NUMBER 49 40 EASTERN AVR, BALTIMORE 212	2/1							
BY FUI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicer 1 Yes, GIVE WAR OR DATES  13. WAS DECEDENT OF NISPAN If yes, specify Cuben, Mexicer 1 Yes 2 NO Specify.	, Puerto Rican, atc.) Black, White, etc.							
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUSTRY							
BE CON	17. FATHER'S NAME (First, Middle, Leet)  18. MOTNER'S NAM  A	AE (First, Middle, Melden Surneme)							
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural R	oute Number, City or Town, State, Zip Code)							
	20a. METHOD OF DISPOSITION 1   Burtlel 2   Crametion 3   Removal from State 4   Donation 8   Other (Specify)	Balt., HD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACE  FSKMC  +940 Eqstan	Ave Balt., HD 21224							
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch ahock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	as cerdiac or respiratory arrest, Approximate Interval Between Onset and Death  Weeks C W							
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
ICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2  NO								
BY PHYS	27. MANNER OF DEATN  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  M 1 VES 2 NO	8 U Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED							
ED	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Nu City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  HOMA WHILE MAN 1  13 3	1630 DATE SIGNED (Month, Day, Year)  5 / 14 / 9							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  HOMA NIKNAFS MD FYANCI'S SCOTT KEY Med	icel Conta , BALTIMO RC-							
	MAY 21 1990 32. REDSTRAR'S SIGNATURE								

O e1203-3146

× ×	ŧ.	2	notif
BALTIMORE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zwwours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 miles filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notif
N.	9	ctor.	nus
×	Page	I dire	101
5	ath.	пега	amf
BA	er de	the fu	il ex
	rs af	remo	dica
	no.	led in	E I
	in I	ely fi	th.
ý	with	nplet	vent
314	cuted	d cor	Hc e
=======================================	909	to b	пша
ô	ate b	prior	5
Θ.	ertifica	ng ph giene	othe
0	th C	tendil al Hy	0
ú	e de	he at Ment	july,
2	haf th	and	ny Jr
Ö	the th	igned	12 3
M	requi	of H	show
-	aw.	as be	23
A	The	tate (	tem
>	CIAN	ertific the S	10
L.	HAS	his o	ked,
z	NG P	fter t	шаг
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	END	DR: A	90
5	A ATT	HECTI IIS af	m 2
0	AL 06	L Dit	f Ite
0	SPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe flied within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	NT:
61	E HO	d With	RTA
1.14	TH O	TH OTH	MPG
lvn	-	- 0	- Committee

	1 - STATE REGISTRAR	STATE OF MAR			OF HEALTH		IENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Mcc 14/1/2	· Ma	Prop. 1	9		2. DATE OF DEATH MONTH DA	W do	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	ANDARY		-			7 DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign	
	536-14-9782 1□ M 2 X E		68 YRS.		DAYS HOURS	MIN.				tle, Wash.	
α	Se. FACILITY NAME (If not institution, give	street and number)	Hospins	96. CITY	TOWN OR LOCATI		NTH	9c. COU	NTY OF D	EATH	
TO	RESIDENCE OF DECEDENT		PRI	MCC	750Kg &						
DIRECTOR	Maryland Princ	Gr Gr	eenbe	R LOCATION Lt					10d. INSIDE CITY LIMITS? 1X YES 2 NO		
AL	10e. STREET AND NUMBER			101, ZIP CODE				10g. CIT	IZEN OF V	HAT COUNTRY?	
FUNERAL	7905 Madan Drive			20770			770				
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorcad	ER IN U.S. ARMED YES 2 X NO OR DATES			n, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No-	14. RACE Black Speci	- American Indian, t, White, atc.		
ED.	15. DECEDENT'S EDI (Specify only highest grad	CATION e completed)	16e. DECEDENT	'S USUAL O	CCUPATION during most of world	na	16b. KIND OF BU	SINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			during most of worki						
NE	9th Grade  17. FATHER'S NAME (First, Middle, Lest)	None	Bar	Tende		MEDIO MAM	Restaur				
Ö	Unavailable				1.5.70		ilable	Summme)			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS			oute Number, City or Tow	n, State, Zij	p Code)		
T0	Malcolm D. McCall	Lum (Son)	7905	Mada	n Drive,	Gree	enbelt, Ma	ryla	nd	20770	
	20a. METHOD OF DISPOSITION  1X Burtal 2 Cremetion 3 Ram  4 Donation 6 Other (Specify)	noval from State	20b. PLACE OF DISP other place)					CATION —			
			Baltimor					imor	e, M	aryland	
	22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781										
CERTIFICATION	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to one	carsed the state. Do not anter the mode of dying, such as cardiac of see on each line.  On AS A CONSEQUENCE OF:  OR AS A CONSEQUENCE OF:					lisc or respiratory arrest, Approximate interval Betwee Onset and Da			
	PART II. Other significant condition	na contributing to dea	th but not resultin	g in the ur	nderlying cause	given in F	Part I. 24a. WAS AN		246	WERE AUTOPSY FINDINGS	
AN: MEDICAL	PART II. Other sign want conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpetlest 2 DOA	OTHE	26. PLACE OF E						
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJ (Month, Day, Y	URY 26b. 1	IME OF INJURY	26c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CCURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	n, street, fac						Route Number,			
COMPLET	cool	SICIAN: To the best of my IER: On the bests of exami								a) and manner sa stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	muel.	mo		29c, LIC	ENSE NUM	824	29d. DA	TE SIGNED	V(Morith, Day, Year)	
T	30. NAME AND ADDRESS OF PERSON W	n. Ave.	#18	pe, Print)	mek	Ma	Abore		MI	20772	
	MAY 0 2 90	ulia Davidson-V									

6-22-90 cm

90		L	1,	3	C
	- 8	- 0	- 6		- 44

1 - STATE REGISTRAR	STATE UF I	MAHYLAND / CE			OF DEA		MENIAL	REG. NO.			1440	)
1. DECEDENT'S NAME (First, Middle, Last	J. Martin					2. DATE C		Y YEA		ME OF DEATH		
Gregory  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE O	F BIRTH	I a m	POTLUBL A CA	F (Ctate Familia	М
226-84-5143	1 🔣 M 2 🗌 F	37	YRS.	WONTHS E	HOURS	MIN.	Aug.	2,1952	2	Vir	ginia	
9e. FACILITY NAME (If not institution, give					OWN OR LOCA				9c. COUNTY C	OF DEATH		
University Hosp	ıtal			Ba.	ltimor	e Cit	.у					4
10e. STATE 10b. COUN	None		10c. CITY, TOWN OR LOCATION Alexandria								INSIDE CITY LIMITS?	
10e, STREET AND NUMBER	None		101. ZIP CODE					10g. CITIZEN OF			YES 2 NO	$\dashv$
	ick Stree	PAY COLOR							USA		COONTAIT	
11. MARITAL STATUS		IT EVER IN U.S. AR		13. WA	S DECENDENT		VIC ORIGIN?	(Specify Yea	or No.— 14. F	RACE — Ar	mericen Indian,	$\dashv$
1 Never Merried 2 Merried 3 Divorced		YES 2630	10	tf y	es, specify Cui	ban, Mexice	n, Puarto Ri			Specify: lack		
15. DECEDENT'S ED	UCATION		CEDENT'S U				16b.	KIND OF BUS	INESS/INDUSTR			$\dashv$
(Specify only highest gra- Elementary/Secondary (0-12)	de completed) College (1-4 or 5	life	ive kind of wo . Do NOT use	d of work done during most of working Of use retired.)								
11		True	ck Dr:	iver			Bu	ilding	Suppl	v		
17. FATHER'S NAME (First, Middle, Lest)	37				18. MC		ME (First, M	iddle, Meiden	Surname)			
James Ricks	Martin					Eliz	zabet	h Mar	tin			
19. INFORMANT'S NAME (Type/Print) Margaret Martin	ı								7a. 223			
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI	TION (Name	of cemetery, cr			20c. LOC	CATION — City of	or Town, St		
Burial 2 ☐ Cremetion 3 ☐ Re     Donetton 8 ☐ Other (Specify)	moval from State	_ °C6.	leman	Ceme	tery			Ale	exandri	a,Va	•	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				ME AND ADDR				Funer		ome	
+ helas	15 X	eeno		81	4 Fran	klin	St.	Alexan	dria,V	a.		
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. OUE TO	le injur O (OR AS A CONSE	OUENCE OF)	:								
resulting in death) LAST	d											
PART II. Other aignificant conditi	ons contributing to	desth but not	reaulting in	the und	erlying cause	given in	Part I.	24a. WAS AN			E AUTOPSY FINOIR	1GS
								PERFOR		COM	LABLE PRIDR TO PLETION OF CAUS	Æ
							_	XXX -		XX	YES 2 NO	
							_	TUSA	tron	INSI	ECTIO	1
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF	DEATH (Ch						
XXXXX 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER: 4   Nursir	g Home 5 🗆	Residence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE 0 (Month, 4-9-	F INJURY Day, Year)	8:4	OF 2	8c. INJURY AT WORK? 1 X YES 7	2010			NJURY OCCURE		tracto	r
ACCIdent Investigation  Suicide S Could not be determined Side of Road  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)  Side of Road  28f. LO  City  I —								TION /Street a	and Number or D	um/ Doube I	Mumber Pat	P
										arkei	r,Harfo	rd
29e. CERTIFIER t CERTIFYING PH												
one) 2 NEOICAL EXAMI	NER: On the basie of	examination end/or	Investigation	n, in my opi	nion, death oc	cured at the	Ilme, date	and place, en	d due to the ce	use(e) end	manner as stated	d.
SIGNATURE AND TITLE OF CERTIFIC	Fde n	m				ICENSE NUI	MBER		29d. DATE SIG	-1-9		
A NAME AND ADDRESS OF PERSON OF		ISE OF SEATH (ITE									-	_
Julia C. Goodin			111	Penn	Stree	t,Bal	ltimo	re,MD	21201		VC	
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		•					-			
MAY 0 2 '90	Julia Da	vidson-Asm	della					_				

or attending physician.

ND 21203-3146 BALTIMORE, MARYL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Proc 6 may be mad TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral certificate has been signed by the attending physician and completely filled in by the funeral certificate has been signed by the attending physician and completely filled in by the funeral certificate has been signed by the attending the filled in by the funeral certification or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

John S. Rogers,

31. DATE FILED (Month, Day, Year)

MAY 02 '90

, 2, 3 should

Pages	DIREC	100. STATE 10b. COUNTY				WN OR LOCA	
ž.			CE GEORGE'S			FAIRMO	
n. unsit permit.	FUNERAL	5909 J STREET				10	1. ZIP COD
3146 ding physician. the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 XXMerried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR			13. WAS DECENDENT If yes, specify Cub- 1  YES 2 X YNO	
AND 21203-3146 the hospital or attending physical for use as the buring once.	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 6+)	(Ghr	e kind of work of Do NOT use ret	IAL OCCUPATE done during me ired.)	ost of work
≥ 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2	COMPL	17. FATHER'S NAME (First, Middle, Last) CLYDE MOSLEY				***************************************	18. MOT
notified	TO BE	198. INFORMANT'S NAME (Type/Print) ALONIA E. MOSLEY				ORESS (Street )	and Numbe
mest be		26e METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	0b. PLACE O	F OISPOSITIO	N (Name of ce	metery, cre
BALTIM fer death. Pag the funeral dir wal.		21. SIGNATURE OF SCHERAL SERVICE LA	CENSEE U			22. NROTA 433	PENS 9 HU
DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the bours after death with the State Dept. of Health and Mental Hygiene prior to burial, committion, or removal tiem 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical	MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure, immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition None	a. Metastat DUE TO (DR AS  C. DUE TO (OR AS  d.	ic ca a consequence of	rcinom  JENCE OF):  the pr  JENCE OF):	na	e.
ON OF VITAL RE- ONIO PHYSICIAN: The law required that this certificate has been of death with the State bopt, of its marked, or item 23 sho	BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 MYES 2 NO  27. MANNER OF DEATH  1 Metural 8 Pending investigation 3 Suicide 8 Could not be	HOSPITAL: 1   Inpetient 2   ER/Or 26a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU	Y ) RY — Al horr	28b. TIME OF INJURY	THER: Nursing Hor F 28c. IN W 1	JURY AT ORK? YES 2
HOSPITAL FUNERAL Within 72	COMPLETED	4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS	building, etc. (s)  ICIAN: To the best of my kind  ER: On the best of examination  R Be puty Me	owiedge, des		n my opinion,	
NPOR in Port	TO BE	36. NAME AND ADDRESS OF PERSON WI	1 ad	DEATH-ATEM	LP	بلا	1

NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Davidson-Randall

FOR STATE REGISTRAR

EDWARD

4. SOCIAL SECURITY NUMBER

299-12-9259

5909 J Street

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street end number)

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH

CERTIFICATE OF DEA

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDE

9b. CITY, TOWN OR LOCAT

M.D., 1919 Seminary Road, Silver

Seat Plea

MOSLEY

6. AGE (In yrs. last birthday)

71

5. SEX

1 KM 2 F

	EALTH AND I		HYGIENI REG. NO.	E				
		2. OATE OF MONTH	DA	Y	YEAR	3. TIME (		тн А. М
DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ay, Year)		8. BIRTN Count	1:0 iplace (Si y) SISS	ale or F	
	R LOCATION OF OE Pleasant	ATN			nty of c	Geor	ge1	S
OR LOCAT	ON HEIG	בידיכ				10d, INSI LIMI	DE CIT	Y
	ZIP CODE			10g. CIT		HAT COU		NO
If yes, sp	ENDENT OF NISPAN polity Cuben, Mexica 2 X MO Specify	IIC ORIGIN? (S		or No	14. RACI	E Americk, White, e	tc.	len,
OCCUPATION MO	DN at al working	16b. KJ	NO OF BUS	INESS/IN	DUSTRY			
NSPE			C. G		MEN	Γ		
	0LIVIA			Surname)				
	FAIRMOU					ND 20	743	3
	netery, cremetory or L CEMETE	RY		CATION —		own, State VIRGI	NTA	4
ROL	PHONT P	ERAL H	IOME,	INC				
r the mo	da of dylng, auc	h aa cardiad	c or reapl	ratory ar	rest,	int		nata Between ad Death
state	•							
nderlyin	g cause given in		a. WAS AN PERFOR	MEO?	241	AWAILABL COMPLET OF DEATI	E PRIOR TION OF H?	CAUSE
R:	ACE OF DEATH (Ch							
28c. IN.	Residence RURY AT PRK? YES 2 NO	26d. DESCF		NJURY O	CUREO			
ctory, offic	•	26f. LOCATI City or	ON (Street of Town, State)	and Numbe	r or Rural	Route Num	ber,	
	end place, and due					e) and mar	ner ee	stated.
r	29c. LICENSE NUI			29d. DA	5/1/	0 (Month, D	lay, Yeer	)
3. S4	lver Spr		MD 2	0001		,-		
				7	-			

DHMH-16 Rev 1/89

EOB

	1 - STATE REGISTRAR	SIAIE UF F		RTIF		F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last,	i	- 5		••		2. DATE OF DEATH	v	YEAR	3. TIME OF DEATH		
	Marian B. Mill	ler	er					Ö	rean	м		
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last t	oirthclay)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign		
- 8	493-18-5181	1 □ M 2X F 68 Y			MONTHS DA	IS HOURS MIN.	12-01-21			Souri		
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TO	VN OR LOCATION OF DE	EATH	9c. COU	NTY OF D			
OR	1180 Nancy Lar	1e			Crow	nsville		Ann	e A	rundel		
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN		toe CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY			
Ē		e Arunde								LIMITS?		
	10e. STREET AND NUMBER	3 AL unde	: T	CIC	wnsvi	101, ZIP CODE		10a, CIT	1 TYES X NO			
FUNERAL	1180 Nancy Lar	20				21113		100				
N.	11. MARITAL STATUS	12 WAS DECEDED	YT EVER IN U.S. ARM	FD	13. WAS		NIC ORIGIN? (Specify Yas	US or No-		E American Indian,		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	FORCES? 1   YES 2   NO   If yes, specify Cuben, Maxican, Puerto 1   YES, GIVE WAR OR DATES   1   YES 2   NO   Specify:						Blac	k, White, etc. White White		
ED	15. DECEDENT'S ED (Specify only highest grad		16a. DECI	EDENT'S	USUAL OCCUI	PATION g most of working	16b. KIND OF BU	SINESS/INI	DUSTRY			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+) #6. E	NOT u	se retired.)	y most of working						
MPI	12	2	Н	ous	ewife		Hou	seh	old			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		7.6 7				ME (First, Middle, Maiden					
BE (	David	В	edford			Mary						
0	19a. INFORMANT'S NAME (Type/Print)  Mary A. Morel	and					Route Number, City or Tow			01076		
		and					urt, Hand					
	20a. METHOD OF DISPOSITION 1   ↑ Burial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify) □	moval from State	Balo	iwi	n Memo	orial U.	M. Mil		svil	Lle, MD		
	21, SIGNATURE OF PANERAL SERVICE I	COME //			Hard Hard	E AND ADDRESS OF FA	neral Hon	e P	. A .			
	· Tate	aldh								ville, MD		
	23. PART I. Enter the diseases, or ahock, or heart failure			th. Do	not enter the	mode of dylng, suc	ch as cardiac or reap	iratory ar	rest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final		)							Onset and Death		
	disease or condition									Immed.		
	DUE TO (OR AS A CONSEQUENCE OF):											
NO.	Sequentially list conditions,  Due to (OR AS A CONSEQUENCE OF):  1 Marchon   Immed.											
CERTIFICATION	or the sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE. Enter UNDERLYING  CAUSE (Pleases or Injury)  CAUSE (Pleases or Injury)											
FIC	CAUSE (Disease or injury that initiated events	c. DUE TO	O OR AS A CONSECU	JENCE (	1 - 1 -	Congroy	193 CUX.97	(1 (3)	0/20	0 0 0 0		
F	reaulting in death) LAST											
CE												
DICAL	PART II. Other significant condition	. )			71-1	tying cause given in	Part i. 24a. WAS AP PERFO		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
200	DIABETE.	2 HAVE	ten5102	Hy	polhp	Did 15m	1 TYES	NO		COMPLETION OF CAUSE OF DEATH?		
ME		,		.,						1 TES 2 NO		
ä									$\perp$			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER;	6. PLACE OF DEATH (C	heck only one)					
YS	1 TYES 2 NO		☐ ER/Outpatient 3 [		4 - Nursing	Home 6 Rasidence						
PH	27. MANNER OF DÉATH  1 Natural 6 Pending	28s. DATE O (Month,	F INJURY Day, Year)	28b. TR	LJURY	WORK?	28d. DESCRIBE HOW	INJURY O	CURED			
ВУ	1 Natural 6 Pending 2 Accident Investigation					YES 2 NO						
COMPLETED	3 Suicida 6 Could not b 4 Homicide determined		OF INJURY — At hom g, etc. (Specify)	ne, farm,	, street, factory,	office	26f. LOCATION (Street City or Town, State	and Numbe	ir or Rural	Route Number,		
PLE	Check only	/SICIAN: To the best (	of my knowledge, dea	th occur	red at the time,	date and place, and du	a to the cause(a) and ma	nner aa st	eted.			
õ	one) 2 MEDICAL EXAMI	NER: On the besis of	examination and/or in	rvestigat	ion, in my opini	on, death occured at the	e time, data and placa, a	nd due to t	the cause	(a) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIF	IER /	0/0		0	29c. LICENSE NU	MBER			D (Month, Day, Year)		
0 8	XCE	109	D/ an	M	(/)			1	5-8	.9w		
2	30. NAME AND ADDRESS OF PERSON N	VHO COMPLETED CA	USE OF DEATH (ITEM	27) (Typ	e, Print)							
	31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE									

We had a di

TO THE HOSPITAL DR ATTENDING PH TO THE FUNERAL DIRECTOR: After the De filed within 72 hours after death w IMPORTANT: If Item 28 is mark

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MENTAL HYGIEN		
		1. OECEOENT'S NAME (First, Middle, Last)					2. OATE OF OEATH		3. TIME OF DEATH
$^{2} = 4$		MATTIE L. MEA	DE					990 YEA	M M
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	in yrs. last birthday)			7, DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
C. Ben	1	216-70-4765	1□M2₩F 79	YRS.	MONTHS DA	YS HOURS MIN.	June 23,		arvland
Ser.	/	9a. FACILITY NAME (If not institution, give st			9b. CITY, TO	WN OR LOCATION OF		9c. COUNTY O	
, 3	OR	5102 Owensvill	e-Sudley R	oad	West	River		Anne	Arundel
7°,	5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			TY, TOWN OR L	DCATION			10d. INSIDE CITY
physician. burial-transit permit. Pages	DIRECTOR		e Arundel	100.00	Annaj				1 Tes 2 To No
E	FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
n. ansit	띨	3169 Raven Co	urt			21403		U.S	.A.
physician. burial-tra	5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS	DECENDENT OF HISP	PANIC ORIGIN? (Specify Verican, Puarto Rican, atc.)	n or No- 14. 8	ACE — American Indian, llack, Whita, atc.
	ВУ	1 Never Married 2 Married 3 🛣 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		10	YES 2 NO Spe	city:	S	hite
the hospital or attending detached for use as the once.		15. DECEDENT'S EDUC		18a. DECEDENT'S	S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUSTR	
or at	ETE	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life, Do NOT	work done durin use retired.)	g most of working			
spital led fo	7	7		Home	maker		Но	me	
the hospital or attend detached for use as once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maiden		
8 A E	ш	Milton Lowman				Nora	Lowman		
5 should notified	8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	reet and Number or Rur	al Route Number, City or Tow	vn, Stata, Zip Code	20778
be reta ge 5 s	5	Linda Gannacon	e	5102	Owens	ville-S	udley Rd.	West	River. MD
S & G		20a. METHOO OF DISPOSITION  1 K Burlal 2 Cremation 3 Rame	20b	PLACE OF DISPO	SITION (Name	of cemetery, crematory of	or 20c. LC	CATION — City o	r Town, Stata
e 6 may rector, p must	(c. 1)	nation 5 Other (Specify)	Total Hollin State	Wille	rest (	emetery	An	napoli	s. MD
ter death. Page 6 mi the funeral director, oval.		A. MONATURE OF PUNERAL SERVICE LIC	espee /	//	22. NAM	E AND ADDRESS OF	eral Chap	آم	21401
death. tunera i.		Towned &	. Jus Yn				ster St.,		
ours after d in by the or removal		23. PART I. Enter the diseasee, or o	complications that caused	tha daeth. Do					Approximate
		shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one cause on e	ech line.	. 1				interval Between Onest end Death
within 24 npletely fille cremation,		disesse or condition	GOME	metal	i le	nyca	near		10mg
ompletely ompletely if, cremat		resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE	OF):	100			47
executed and corr to burial, matic en	z		h						
ysician and con prior to burial, traumatic e	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):				
ysicia prior trai	CA	ceuse. Enter UNDERLYING CAUSE (Disease or injury	с						
n certificat nding phy Hygiene p	FE	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):				
e Hy	ERI	resulting in death) LAST	d						
the death y the atter id Mental injury, o		PART ii. Other significant condition	a contributing to daeth b	ut not reaulting	in the under	lving cause given	in Part i. 24e. WAS AF	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
252	CAL	C	OPD					RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires that een signed b of Health an	MEDIC	au	uto organ	i ku	in sy	ndromp	1 TYES	300 110	OF DEATH?
w requires that been signed I pt. of Health a shows any	Σ.		T different	70					1 123 22 110
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH	(Check only one)		
N: The icate State	PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outs	patient 3 DOA	OTHER:	Home 5 Residen	ca 6 Other (Specify)		
SICIA certif h the d, or	H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI		c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
NG PHYS frer this o eath with marked,	ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	"		WORK?			
After death		3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm	, street, factory,	office	28f. LOCATION (Street City or Town, State		ural Route Number,
DR ATTENDING DIRECTOR: After hours after death	TE	4 Homicide datarmined						,	
DIREC DIREC hours	COMPLETED	29a. CERTIFIER CERTIFYING PHYSI	ICIAN: To the best of my know	ledga, death occu	rred at the time	, data and place, and	due to the cause(a) and ma	nner as stated.	
R R R H	MC	one) —	R: On the beals of examination	n and/or investigat	tion, in my opin	ion, death occured at	the time, data and placa, a	nd due to the cau	use(a) and manner as stated.
THE HOSPI THE FUNER filed within PORTANT:		29b. SIGNATURE AND TITLE OF CONTINUE	1, -			29c. LICENSE	NUMBER	29d. DATE SIG	NED (Month Day, Year)
B 등 표 표	BE	112	1			12296		D 48	5/7/01

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month,

2

DHMH-18 Rev 1/89

e e

The Thirt was

1	•	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALE	UF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			3. TIME OF DEATH	
	Robert Charle	es M	ORGAN						, 19			10:50 a м
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF I (Month, De	BIRTH ny, Year)		Country	
	566-36-1154	-22	59	YRS.				Aug -	3, 19			iana
H	9. FACILITY NAME (If not institution, give s Franklin Square	reet and number) Hospital			96. CITY, TOWN OR LOCATION OF DEATH  ROSSVILLE  Baltimo					ore, Md Co.		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY									10d, INSIDE CITY		
HE		ford			Y, TOWN O	R LOCAI	ION					LIMITS?
۵	100. STREET AND NUMBER	TOLU		1 00	ppa	1 40	. ZIP CODE			1 ☐ YES 2 🔀 NO		
EA.	417 Larkspur Driv	70					21085					RAI COUNTRY?
W.	11. MARITAL STATUS	12. WAS DECEDENT		104450		_			IA. M	_	JSA	American Indian
5	11. MARITAL STATUS  1 Never Married 2 XMarried	FORCES? 17	YES 2		l t	f yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica	n, Puerto Rica		or No-	Black	— American Indian, White, etc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE W	etnam		1	YES	2 NO Specify	r.			Specifi	
	15. DECEDENT'S EDU	CATION		DECEDENT'S	USUAL OC	CUPATIO	ON	16b. KII	ND OF BUS	INESS/IND	1 (0	<u> </u>
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	,	(Give kind of title. Do NOT us	se retired.)	_			tia a			
집		1	´	Mast	er S	erge	eant	'	05-60	overr	ment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mido	lle, Maiden	G 1		
BEC	Robert Benig	ght More	gan				Juanit	ta .			Sche	rer
TO B	19a. INFORMANT'S NAME (Type/Print) Ethel I. Morgan				Drive,							
ı	20a. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (Na	me of ce	metery, cremetory or		20c, LO	CATION —	City or Tox	vn, Stata
	1 Buriel 2 TCremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State		A. Fer	ris	Cre	natory		West	: Che	ester	, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-		22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home							
	Howard K	Mrc Cor	mes	111			d K. McCa Cokesbury					
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar tha mode of dying, such as cardiac pr respiratory arrest, ahock, or haert fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)    Liver Failure   Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions,	b		SEQUENCE O	EOUENCE OF):							
AT	If any, leading to immediate cause. Enter UNDERLYING	Chroni	c Act	ive He	ve Hepatiti <sub>s B</sub>							
핕	CAUSE (Disease or Injury thet initietad events			SEQUENCE O								
F	reculting in death) LAST	d										
	PART II. Other significant condition	ne contributing to	death but n	not resulting	in the un	derivis	a cause alven in	Part I 24	La. WAS AN	ALITOPSY	24h	WERE ALITOPSY FINDINGS
EDICAL	FART II. Other arginicant condition	- continuating to	deeth but it	ot resulting	ni tim un	deriyii	g cause given in		PERFOR	RMEO?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă								— l'	YES 2	X NO		OF DEATH?
Σ								-				1 NES 2 NO
Ä							AGE OF BEATH (O)					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	₹:	LACE OF DEATH (Ch					
Σ	1 YES 2 NO	1 Inpatient 2 28a. DATE OF		1 3 ⊔ DOA 28b. TIR			JURY AT	6 U Other (S		N ILIDY OF	CHRED	
	1 Naturel 5 Pending	(Month, D		IN IN	JURY	W	YES 2 NO	200. DE301	HOL HOW I	NJON1 OC	JOONED	l
B	2 Accident Investigation	280 BLACE O	E IN ILIDY A	At home, farm,	etroet foot			284 LOCATI	ON /Street	and Mussha	e or Donal C	loute Number,
8	3 Suicide 8 Could not be	building,	tt nome, term,	sireet, lact	ory, orni	80		Town, State)		or nurai r	ious rumbs,	
<u> </u>	no- CERTIFIED											
COMPLET	(Check only	ICIAN: To the best of										
Š	2 MEDICAL EXAMIN	ER: On the beals of e	xamination and	d/or investigati	on, in my c	pinion,	death occured at the	time, data en	d place, an	id due to t	the cause(a	) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIE	<b>"</b> /	/				29c. LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
0	1/1/	//		W	ch						5-7	-10
-	30. NAME AND ADDRESS OF PERSON WI					1 1 1 1				0.00		
	Dr. Røesch. MD	9000	Frank	lin Sc	guare	Dr	ive, Bali	timore	, Md	2123	3/	
- 1	31. DATE FILED (Month, Day, Year)	32 AEGISTRA	H'S SIGNATUI	Mandell	•							
		11										

the ho	detac		910
2	8		न्न
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
Pe	96 5		6
пау	pa :		2
9 6	ecto		Ē
P20	I din		101
death.	funera		xamir
fter	the	OVA	Te l
55	n by	rem	edic
3	20	6	E
9 6	by fill	atton	를
d withi	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r traumatic event, the medical
cute	00 p	una una	3
900	n an	8	E
e pe	sicia	no	Ta la
rtificat	ydd Dr	Diene p	other
h Ce	ipue	Ē	6
deat	atte	enta	č
the	the	Š	를
that	og p	h an	any
ires	signe	lealt	WS
redu	нее	o	Sho
MB	as b	lept.	23
The	ite h	ate [	E
AN:	tifica	e St	11 10
SIC	oo s	t t	d, c
P	THIS	h Wil	arke
DING	Afte	deat	E
EN	OR.	fter	8 15
A	RECT	E SI	m 2
10	Die	hou	He
PITAL	PAL	172	T: If
-losi	S	within	AN
분	포	led y	ORI
10	TO	De fi	MP
-		-	_

												90	)   4444
	FOR 1 - STATE REGISTRAR	STATE OF M				T OF H				GIEN	E		
Г	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE OF D				3. TIME OF OEATH
	EDITH LORRAINE	MCLUCKIE							MONTH	4 - DA		YEAR	2:50 PM M
1	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. OATE OF BI	RTH		8. BIRTI	HPLACE (State or Foreign
1	2214-42-0351	1 M 2 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	12019	<b>P94</b>	3	Coup	ra.
)	9a. FACILITY NAME (If not institution, give st	reet and number)				mber			ATH		9c. COL	JNTY OF D	DEATH
18	SACRED HEART HOS	SACRED HEART HOSPITAL									ALL	EGAN	Y COUNTY
5	RESIDENCE OF DECEDENT												
DIRECTOR	Md. 10a. STATE Nob. COUNTY Alles					or LOCAT	ION						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	zg 695	52			10g. CIT	U.S	WHAT COUNTRY?
밀	116 Braddock st	12, WAS DECEDENT	F EVED IN 11 C AD	MEO	12	Wile DEC	ENDENT C	VE HICOAN	NIC ORIGIN? (Sp	acify Yas	or No-	T 14 BAC	E — American Indian
5	1 Never Married 2 Married	FORCES? 1	YES 2 N	10		If yes, spe	cify Cuba	n, Maxica	n, Puarto Rican,		01 140	Blac	CE — American Indian, ck, White, etc.
B	3 ₩idowed 4 □ Olvorced	3 Widowed 4 Olvorced IF YES, GIVE WAR OR DA				1 TYES	X NO	Specin	y:				ite
	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b. KINI	OF BUS	SINESS/IN		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5 +	Hfn.	(Give kind of work done during most of working life. Do NOT use retired.)									
COMPLET	12			Trea:	sure	r			Co	unt	ry C	lub	
Š	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (Firs					ME (First, Middle	, Maiden	Surname)		
BE	Matthew Willet	ts						Ed	ith Ski	dmo	re		
	19a. INFORMANT'S NAME (Type/Print)	CONTROL OF THE PARTY OF THE PAR	198	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural	Route Number, C	ity or Tow	n, State, Z	ip Code)	
임	Chris D. Mc Luc	Chris D. Mc Luckie 116 Braddock St., Frostburg, Md. 21532											
	24. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rame	oval from State	20b. PLACE other pla	ece)					34"V 2.0-1.0 11.12				Town, Stata
	4 Donation 5 Other (Specify)	ENSELV	Fros	stbu	rg Me	emori	D ADDRE	SS OF FA	CILITY	PI	osto	urg.	M(d)
	John P.	Horn							l Home,	Fre	ostb	urg,	Md.
	23. Pair i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respect or heart fallure. List only one cause on each line.									or resp	iratory a	rrest,	Approximate
	ehock, or heert feliura. List only ona cause on aach line.											Interval Between Onset end Death	
	disease or condition		erepri	Va	1 Cul	3.	A	Cin	lent				
	resulting in daeth)	DUE TO (OR AS A) CONSEQUENCE OF):											
Z	Who tried Inthe Celebral Anary in												
ERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO	(OR AS A CONSE	A CONSEQUENCE OF):									
3	cause. Enter UNDERLYING CAUSE (Disease or injury	G											
<u> </u>	that initiated events	DUE TO	(OR AS A CONSE	OUENCE C	OF):								
	resulting in death) LAST	d											
0	PART ii. Other algnificant condition	s contributing to	death but not i	resulting	In the u	inderlyini	n ceuse	given in	Part i. 24e	. WAS AN	AUTOPS	y 24	Ib. WERE AUTOPSY FINDINGS
MEDICAL	The state of the s						9	g		PERFO	RMED2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1	YES 2	NO		OF DEATH?
									— I				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						105.05.0	DE 4711 (0)					
	EXAMINER?	HOSPITAL:			ОТНЕ	R:			heck only one)			_	
≥ ×	1 YES 2 NO	1 Inpatient 2 28a. DATE OF		28b, TI		_	URY AT	lesidence	8 Other (Sp		IN HIRV O	CCHBED	
	1 Natural 5 Pending	(Month, D			JURY	WC	PRK?	NO.	200. DESCRI	DE HOW	INJUNI O	CCORED	
B	2 Accident Investigation	28a PLACE O	F INJURY — AI ho	ome ferm	atrast fa				281 LOCATIO	N /Street	and Numb	ner or Burni	I Route Number,
	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)			otory, ome			Gity or To	wn, State	)		, , , , , , , , , , , , , , , , , , , ,
ᆲᆸ	20- CESTIFIES L							_		_			
를	(Check only	ICIAN: To the best of											
COMPL	2 MEDICAL EXAMINE	ER: On the beals of a	xamination and/or	investigat	ion, in my	opinion, o	Seath occu	red at the	e time, data and	place, a	nd dua lo	The cause	e(a) and menner as stated.
E w	296, SIGNATURE AND TITLE OF CERTIFIE	R // - /	7.				29c. LIC	ENSE NU	MBER	-	29d. D/	ATE SIGNE	ED (Month, Day, Year)
		KanIII	My				1)	19	518			51	17/90
티유	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e. Print)								

CUMBERLAND, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

N.A. RANJITHAN, M.D. MEMORIAL MEDICAL BUILDING

21502

2454 X

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				NO				
1. DECEDENT'S NAME (First, Middle, Las		Claudine			2. DATE OF DEA MONTH	TH DAY	YEAR 90	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 214-07-5570  9a. FACILITY NAME (# not institution, give	1 DM 2X F 8	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye Oct. 6	, 1907	Count	d.		
Frostburg Co			Frostbi	r LOCATION OF DE	EATH		Sc. COUNTY OF DEATH Allegany			
	Allegany		own or Locat mberla					10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER $404\frac{1}{2}$ North Cent			101	21502			S.A.	WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (ZNO	If yes, sp	ENDENT OF HISPAN Helfy Cuban, Mexica 2 NO Specify	n, Puarto Rican, et	Ify Yes or No— ic.)	14. RAC Blac Spec	E — American Indian, ik, White, etc.		
15. DECEDENT'S EI (Specify only highest gre Elementary/Secondery (0-12) 5th	OUCATION de completed) College (1-4 or 5+)	(Give kind of work done during most of working					BUSINESS/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last)  Charles McCl	ullough Mower			18. MOTHER'S NA	ME (First, Middle, N		Brant			
19a. INFORMANT'S NAME (Type/Print)	urrough Hower	19b. MAILING AD	DRESS (Street a	nd Number or Rural I				-		
Milnor C. McKenz	ie	519 B	St. La	/ale, Md.	. 21502					
20e. METHOD OF DISPOSITION 1	movel from State	PLACE OF DISPOSITION	oard of	Anatomy	У	Baltim				
21. SIGNATURE OF FUNERAL SERVICE	a Colomo	,	Silco	o address of fa K-Merritt ecatur St	t Funera			215072		
shock, or heart fellure. List only Dne cause on each line.  Interval Between Onset and Dasth  Stroke  DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Claric Primary descarse inthe Emphysians 1 yes 2 NO  Rull Focal abidial Tarchylandsi. Diffs  Sul and a Candial information of cause of death?  26. PLACE OF DEATH (Check only one)										
1 YES 2 NO	HOSPITAL:		THER:  Nursing Hore	e 5 🗆 Residence	6 Other (Specif	(y)				
27. MANNES OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WC	URY AT RK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	– At home, ferm, stre y)	et, factory, offic		28f. LOCATION ( City or Town,		er or Rural	Route Number,		
and a	YSICIAN: To the best of my knowle INER: On the beals of examination							(e) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF	) ( Jan	dhur M	(8-	D / 40	464	29d. D/	5/(	7 (90		
Dr. S Lal Sandhi				MD 21532						
31. DATE FILED NOTE DE MOOD							_			

Po	ò
¥.	0
npletely	Cramat
nd cor	heiring
an a	40
iğ.	S.
phys	n out
ding	Liverio
affer	men
the	A MA
d by	0 00
signe	Llanibb
Deen	200
as	1
93	-
ifical	0
Cert	44
this	
fter	4
A	7
E E	4
5	
J.B.	
	JIRECTOR: After this certificate has been signed by the attending physician and completely filled I

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, La.	rgolis	)	OAIL OI	JEAN T	2. DATE OF OEATH MONTH DA	90	
	4. SOCIAL SECURITY NUMBER  09/-09-532  9e. FACILITY NAME (If not institution, on	3 1 D M 2 D	(In yrs. lest birthday) 74 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year),	C	IRTHPLACE (State or Foreign ountry)  V York City
HOL	Holy Cross RESIDENCE OF DECEDENT	Hospital		Silve	r Spr	TIO2	Α.	antgomery
- DIRECTOR		ontgomery		ilver Sp	ring			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	9826 Cherry Tre				20901	~	U.S	S.A.
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 Vidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1   YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		IC ORIGIN? (Specify Yea n, Puerto Ricen, atc.) :		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)			vork done during mo e retired.)	DN st of working	16b. KIND OF BUS	SINESS/INDUSTI	qy
	17. FATHER'S NAME (First, Middle, Last)		HomeMak	cer		ME (First, Middle, Maiden	Surneme)	
TO BE	Isadore  190. INFORMANT'S NAME (Type/Print)  Jack Margolis	Weingar (husband)	19b. MAILING			Route Number, City or Tow		
	20e. METHOD OF DISPOSITION  XX Burlel 2 Cremation 3 R  4 Donation 5 Other (Specify)	temoval from State	b. PLACE OF DISPOS other place) udean Mem	NITION (Name of cer	netery, crematory or		pring. cation—cmy lnev. M	or Town, State
	SH-SHOWATURE OF FUNERAL SERVICE			Danza:	nsky-Gold	lberg Memo	rial Ch	
	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. SES	d the death, Do neach line.	ot enter the mo	de of dying, sucl	h as cerdiec or respi	iratory errest,	Approximete Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		LITIS -	(ULCE	KATIVE		
PHISICIAN: MEDICAL	PART II. Other algnificant conditions SEVERE ANEMIA	tions contributing to death (		in the underlyin	g cause given in	Part i. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. Was case referred to medical examiner?  1  Yes 2 No	HOSPITAL:	tpatient 3 DOA	OTHER:	ACE OF DEATH (Che			
BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigate 3 Suicide 8 Could not 4 Homicide datermine	28e. PLACE OF INJUR building, etc. (Spe	INJ IY — At home, farm, s	M 1	URY AT PRICE	28d. DESCRIBE HOW I	end Number or R	
COMPLETED	290. CERTIFIER (Check only	HYSICIAN: To the best of my know						use(e) and manner ee stated.
BECC	296. SIGNATURE AND TITLE OF CERT	IFIER LEMUM	Physic	ian	29c. LICENSE NUM	19 1	29d. DATE SIG	GNED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randoll.

AVE # 305,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
MERIYN VEMUNY, 10301 GEORG (A

**TO BE** 

31. DATE FILED (Month, Day, MAY 1 1

SIWER SPRING MD 20502

VI miner I will be the second of the second

7 1

m	after
	hours
	24
, O	within
1314	executed
×	pe
0. BO	certificate
9.	death
Ś	the l
8	that
ECO	requires
ш.	AR.
M	The
>	ICIAN:
P	PHYS
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
$\leq$	OR
	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or amending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for see see the best	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUNI	be filed withi	IMPORTAN

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H			HYGIENE REG. NO.			
į,	1. OECEDENT'S NAME (First, Middle, Last)	D. 41. II - 11.			•	2. DATE OF	DAY		3. 1	TIME OF OFATH
		Ruth Harlov					14,19			4:20 A M
			yrs. lest birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)	C	ountry)	CE (State or Foreign husetts
	9s. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DE		T	9c. COUNTY	The second second	
TOR	Suburban Hospital			Bet	hesda			Mont	gome	ry
FUNERAL DIRECTOR	10e, STATE 10b. COUNTY Maryland Montg	omory		, town on Local					-	INSIDE CITY LIMITS? YES 2X NO
	10a. STREET AND NUMBER	omery			. ZIP CODE		1	10g. CITIZEN		3
RA	11327 Halethorpe T	errace			20874			-		States
BY FUN		. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 NO Specifi	n, Puarto Ric		or No- 14.	RACE	American Indian.
	15. DECEDENT'S EDUCATION	ON 1	6a. DECEDENT'S	USUAL OCCUPATION	ON	16b. K	IND OF BUS	NESS/INDUST		
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	offege (1-4 or 5+)	life. Do NOT us		ast of working					
절	12		Rea	alator		R	eal E	state		
8	17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
BE		ver R. Harlo				eline				
5	19a. INFORMANT'S NAME (Type/Print)			The second second	and Number or Rural				,	71
	Brian J. Murray				Farm Dri	ve Mt.				
	20s METHOD OF DISPOSITION  1 X Burlel 2 C Cremation 3 Removel  Denation 5 C Other (Sectiv)	from State	other place)	Cemetery	metery, crematory or			ation — chy		husetts
	21. BIONATURE OF FUNDRAL BEHVICE LICENS			22. NAME A	ND ADDRESS OF FA	10	) East		Par	me k Drive ryland 208
	ahock, or heart fellure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	Only one cause on eec	med	estese	7	.00				Interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	V	d'	elen				7 /////
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions c	ontributing to death but	t not resulting	in the underlyin	g cause given in		PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATH?
Σ									1 (	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	neck only one)	1		<u> </u>	
SIC		OSPITAL: Impatient 2 - ER/Outpat	Hent 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other	(Specify)			
¥	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT	_		JURY OCCUR	EO	
ВУ Р	1 Accident 5 Pending Investigation	(MOINI, Day, Iom)	1176		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specif)	— At home, farm, (y)	street, factory, offi	DO .	28f. LOCAT	TION (Street a Town, State)	nd Number or F	Rurel Rout	Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0								ause(a) ar	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE SI	GNEO (M	onth, Day, Year)
B	derenny V. D	A-0(10	110		D 124	20	(.	<b>&gt;</b> 5	14	90
5	30. NAME AND ADDRESS OF PERSON WHO C	10 . 1/			4	6	W.	3	. (	1111
	31. DATE FILED (Manth, Day, Year)	32. REGISTRAR'S SIGNAL		400 (	-ONN -	una.	10	win	21-0	n Wid
	MAY 1 6 '90	Luka David	In Band	00					ų.	



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

6 '90

BALTIMORE, MARYLAND 21203-3146

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		IMENT OF H		MENTAL HYGIE! REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	300	YEAR 3. TH	ME OF DEATH
the state of the s	andella Mob				May 12,	1990		:00 PM M
	SEX 6. AGE (I	n yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	08	Country)	E (State or Foreign
9a. FACILITY NAME (If not institution, give street	7		9b. CITY, TOWN (	OR LOCATION OF DE	05 01		Maryl:	and
SHADY GROVE 1	forumer H	BSPITAL	-	VILLE		M	nroom	283
RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	7-1211121	20.000				17.10		
		10c. C11Y,	TOWN OR LOCAT					INSIDE CITY LIMITS? YES 2 X NO
Maryland Montgo	omery		Derwood	. ZIP CODE		10g, CITIZ	EN OF WHAT O	
17101 Redland Road				2085	5.5	Ilni	ted St	ates
	. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye			merican Indian.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			ecify Cuban, Mexica  2 X NO Specify	n, Puarto Rican, atc.)		Specify:	
15. DECEDENT'S EDUCATI		16a. DECEDENT'S U	HOUSE COMPANY		Tan your or a	1		White
(Specify only highest grade com-	pleted)	(Give kind of wo	nrk done during me	ost of working	18b. KIND OF BI	JSINESS/INDI	USTRY	
10	ollege (1-4 or 5+)	Homemal			Own	Home		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maide			
Charles Ricke	tts			Carry	Bennett			
19a. INFORMANT'S NAME (Type/Print)	-				Route Number, City or To			
Vernon J. Mobley,		_	Redlan		Derwood,			0855
20a METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Removal	from State	other place)					City or Town, St	
4 Departion 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENT	ies	Derwood	Cemete		CILITY De Vol	erwood	l, Mary	7Land
11,004	\	_	10	East Dee	r Park Dr	ive	и поше	
1 cul 1 t	4-6 3 6 6							
23 PART I Fotor the diseases or com	polications that caused	the death Do no			g. Maryla			Annovimete
23. PART I. Enter the diseases, or com shock, or heart fallure. List								Approximate Interval Batwean
shock, or heart fallure. List IMMEDIATE CAUSE (Final disease or condition			ot antar the mo	da of dying, suc	h as cardiac or res	piretory srr	eat,	Interval Batwean Onset and Dasth
shock, or heart fallure. List IMMEDIATE CAUSE (Final			ot antar the mo	da of dying, suc	h as cardiac or res	piretory srr	eat,	Interval Batwean
shock, or heart fallure. List IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)			ot antar the mo	da of dying, suc		piretory srr	eat,	Interval Batwean Onset and Dasth
shock, or heart fallure. List iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate	Ruple Bue of on as a Leners		about	da of dying, suc	h as cardiac or res	piretory srr	eat,	Interval Batwean Onset and Dasth
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Pulp la San Due To (OR AS A DUE TO (OR AS A	consequence of	about	da of dying, suc	h as cardiac or res	piretory srr	eat,	Interval Batwean Onset and Dasth
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	Pulp la San Due To (OR AS A DUE TO (OR AS A	conspouence of	about	da of dying, suc	h as cardiac or res	piretory srr	eat,	Interval Batwean Onset and Dasth
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Purple Con as a Due TO (OR AS A DUE TO (OR AS A	consequence or	about	ouring, such	Lacardiac or res	piretory srr	eat,	Interval Batwean Onset and Dasth
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of	DUE TO (OR AS A	consequence or	about	ouring, such	Part I. 24a. WAS A	piretory srr	24b. WERE	Interval Batwean Onset and Death 3 day Ogeans E AUTOPSY FINDINGS LABLE PRIOR TO
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	consequence or	about	ouring, such	Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AAML	Interval Batwean Onset and Death 3 day I Ograno
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of	DUE TO (OR AS A	consequence or	about	ouring, such	Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AAAL COM	Interval Batwean Onset and Dasth 3 Oglano  E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of	DUE TO (OR AS A	consequence or	ot enter the mo	g cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY ORMED?	24b. WERE AAAL COM	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH?
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions of	DUE TO (OR AS A OUTTIBUTION TO death of	CONSEQUENCE OF	n the underlyin	g cause given in	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY ORMED?	24b. WERE AAAL COM	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH?
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions of	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  ONTRIBUTING TO death b	CONSEQUENCE OF	ot antar the mo	g cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY ORMED?	24b. WERE AMAIL. COMMIN 1	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH?
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of  EXAMINER?  1 YES 2 PHO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF	ot antar the mo	g cause given in	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY ORMED?	24b. WERE AMAIL. COMMIN 1	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH?
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions of CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions of CAUSE (Disease or injury that initiated events resulting in dasth) LAST	OSPITAL:    Vinpatient 2   ER/Outp   28a. PLACE OF INJURY   28a. PLA	CONSEQUENCE OF	28. POTHER: 4   Nursing Hon LOPY M 1	g cause given in	Part I. 24a. WAS A PERFC 1 YES eck only one)  8 Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY ORMED? 2 N NO	24b. WERE AMAL COMMOF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE PEATH?  YES 2 NO
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions of  EXAMINER?  1 YES 2 PNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	OSPITAL:  28a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF	28. POTHER: 4   Nursing Hon LOPY M 1	g cause given in	Part I. 24a. WAS A PERFC 1 YES eck only one) 28d. DESCRIBE HOW	N AUTOPSY ORMED? 2 N NO	24b. WERE AMAL COMMOF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE PEATH?  YES 2 NO
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST  PART II. Other significant conditions of  EXAMINER?  1 YES 2 PNO  1 Netural 5 Pending   Investigation   Suicide 6 Could not be detarmined   Check only   CERTIFYING PHYSICIAL	OSPITAL:    Vinpatient 2   ER/Outp   28a. PLACE OF INJURY   28a. PLA	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  Ut not resulting in  atlant 3 DOA  28b. TIME INJU.  At home, ferm, st	26. P OTHER: 4   Nursing Hon URY M 1   I	g cause given in  LACE OF DEATH (Ch.  10	Part I. 24a. WAS A PERFC 1 YES  Cock only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Town, State	N AUTOPSY DRMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AMAIL COMM OF D 1	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE MATHEMATICAL SET TO S
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST  PART II. Other significant conditions of  EXAMINER?  1 YES 2 PNO  1 Netural 5 Pending   Investigation   Suicide 6 Could not be detarmined   Check only   CERTIFYING PHYSICIAL	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  Ut not resulting in  atlant 3 DOA  28b. TIME INJU.  At home, ferm, st	26. P OTHER: 4   Nursing Hon URY M 1   I	g cause given in  LACE OF DEATH (Ch.  10	Part I. 24a. WAS A PERFC 1 YES  Color (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State on the cause(s) and me time, date and place, in	N AUTOPSY RMED? 2 NO INJURY OCC t and Number e)	24b. WERE AMAIL COMM OF D 1	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO
shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions of the cond	DUE TO (OR AS A DUE TO (OR AS	consequence of conseq	ot antar the model of the model	g cause given in  LACE OF DEATH (Ch ne 5  Rasidence JURY AT DRK? YES 2 NO sa	Part I. 24a. WAS A PERFC 1 YES  Color (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State on the cause(s) and me time, date and place, in	N AUTOPSY RMED? 2 NO INJURY OCC t and Number e)	24b. WERE ARILL COMMOF D 1	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO

rulia Davidson Randall

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the death certificate be executed within a state death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, a fine and after the state beet. Or Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



Ν,

BALTIMORE, MARYLAND 21203-6

permit, Pages 1, 2, 3 should

THE HOSPITAL	OR ATTENDING	PHYSICIAN T	he law	OB ATTENDING PHYSICIAN: The law requires that the death	at the de
THE FUNERAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atte	this certificate	has b	een signed	by the a

31. DATE FILED (Month, Day, Mer) 90

32. RECETURES TO THE MENT AND SE

1. DECEDENT'S NAME (First, Middle, Last)		CER	HIFICA	IL OF	DEATH	REG. NO.		
Jer	~	е,	М	cDanie	el	2. DATE OF DEATH DATE OF 13-90	Y YE	3. TIME OF DEATH 3:05PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (in yrs. lest birti	rRS. MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 5 -273-198	6	BIRTNPLACE (State or Foreign Country) Bantimor
90. FACILITY NAME (If not institution, give str Carroll County G		nital	9b. (		or Location of DE Stminstel		9c. COUNTY	of DEATH Oll County
RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	cherar hos		e CITY TOY	VN OR LOCA		-	Call	10d. INSIDE CITY
	rroll			neyto				LIMITS?
40 E. Baltimor	e Street	Apt 2		10	21787			OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR IF YES, GIVE WAR OF			If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give ki		L OCCUPATION during model.)		16b, KIND OF BUS	SINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last) Jerald Dean Mc.	Daniel				Leslie	ME (First, Middle, Maiden Ann Aur	symeme) iemma	ı
190. INFORMANT'S NAME (Type/Print) Jerald Dean Mc	Daniel	19b, M/	AILING ADDI	Balt	ind Number or Rural	t. Apt 2	Tang	ytewn, Md.
20s METNOD OF DISPOSITION 1  Burlel 2  Cremation 3  Remo	oval from State	Trint		thera	netery, crematory or n Churc	h Tan	eytow	y or Town, State Vn , Md .
21. SIGNATURE OF PUNERAL SERVICE LICE	Elohel)			Page to	ast Wa	etcher &	Son	F.H.
23. PART I. Enta the diseases, or cancer, or heart failure. In IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Smoke and	n aech ilna.	inhal		oda of dying, suc	h aa csrdiac or reap	ratory arreat	t, Approximate interval Between Onset and Dest
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR /	AS A CONSEQUE	NCE OF):					
CAUSE (Disease or Injury	DUE TO (OR /	AS A CONSEQUE	NCE OF):					
that initiated events resulting in death) LAST	1,					Dort I 24- MRC AN		24b. WERE AUTOPSY FINDINGS
	s contributing to deel	h but not resu	ilting in th	a undarlylr	g cause given in	PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXIVES 2 NO
PART II. Other significant condition:  25. WAS CASE REFERREO TO MEDICAL		h but not resu	illing in th		g cause given in	1 X X X X X X X X X X X X X X X X X X X	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 25. WAS 2 \( \triangle \) NO	HOSPITAL:	Sutpatient 3 🗆	DOA OT	26. F HER: Nursing No	LACE OF OEATH (C	PERFOI  1.XXXX :  neck only one)  a □ Other (Specify)	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXIVES 2 □ NO
PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	HOSPITAL:	Sutpatient 3 = 20	ОТ	26. F HER: Nursing Noi	LACE OF OBATH (C	PERFOI  1 X X X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NJURY OCCUP	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXIVES 2 □ NO
PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:	Sutpatient 3   RY ar)  URY — At home, Specify)	DOA 4 DOA 1 NO TINJURY 3:05P.	26. FHER: Nursing No.	LACE OF OEATH (Cone 5 Recidence JURY AT DRK? YES 2XXNO	PERFOI  1XXXXIII :  a Other (Specify)  28d. DESCRIBE HOW  Subject City or Town Street	INJURY OCCUP  Thaled  and Number or	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXXX ES 2 □ NO  RED  SMOKE and SO
PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural   Pending   Investigation   3 Suicide   Could not be determined    290. CERTIFIER   Check only   CERTIFYING PNYSH	HOSPITAL: 1   Inpatient 2   INV 20e. DATE OF INV 5-13-90 20e. PLACE OF INL building, etc. (CIAN: To the best of my keep	Sutpatient 3   21   21   21   22   22   23   24   24   24   24   24	DOA 4 TIME OF INJURY 3:05P farm, street home	26. FHER: Nursing Noi 28c. RN 1	LACE OF OEATH (C	PERFOI  1XXXX :  a Other (Specify)  28d. DESCRIBE HOW  Subject in  28f. LOCATION (Street City or Yown, State  40 E. Maryland  to the Cause(a) and me	INJURY OCCUP Thaled and Number or Timore	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXXX ES 2 \( \text{No}\) NO  RED  SMOKE and SO  Aural Route Number,  Street, Balti

. 

3. TIME OF DEATH

DHMH-16 Rev 1/89

	2		
	iges 1,		
	are use as the burlal-transit permit. Page		
	регт		
an.	ransit		
hysician	urlah		
ing pi	the b		
in or attending g	96 as		
10 J	SIN JO	_	
主	ű	畑	
ä	b	Š	Ľ
ğ	L.	ľ	7
ģ	S.	9	A S
) be	age 5		be n
6 ma	tor, p		Just
Page	I dire		ner n
eath.	1 by the attending physician and completely filled in by the funeral director, page 5		camir in
fter d	the	moval.	al es
e sinc	In by	r rem	nedic
24 hc	filled	ion, o	he n
within	detely	remat	ent.
v betr	СОП	rial, c	C BV
9000	n and	to bu	mat
ate be	ysicia	prior	trau
ertifica	ng ph	glene	othe
ath c	ttendi	tal Hy	10 7
the de	the a	Меп	nin
that 1	ed by	h and	Bmv I
uires	signe	Healt	S.M.C
w req	peen	ot. of	3 she
The law requires that the death certificate be executed within 24 hours after death. Page 6 may be not	this certificate has been signed it	with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ren	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must
IAN: 1	tificat	e Stal	or ite
LYSIC:	is cer	ith th	ed. c
6	#	*	t

BALTIMORE, MARY MR 21203-3146

FUNERAL

BY

COMPLETED

2

CERTIFICATION

MEDICAL

BY

ETED

COMPL =

BE

0

28 Пеш

2. OATE OF DEATH MONTH DAY MAY 14, DORICE KENGLA MASTERS 1990 9:45 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Year) DAYS HOURS 1 M 2 F 247-86-6956 74 VDC Dec. 6, 1915 Washington, DC 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 5006 Worthington Dr. Bethesda Montgomery RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Bethesda Maryland Montgomery 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5006 Worthington Drive 20816 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3. Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 -0-Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Archibald Kengla Ellen Lake 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 643 Lake View Drive, Mr. Airy, Maryland James M. Masters, Jr. 20a. METHOO OF OISPOSITION
1 □ Burial 2 ※ Cremation 3 □ Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 28c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Montgomery Crematory Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW Washington, 23. PART i. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or heert fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Cardiac Arrhythmia 2 Mins. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Status Post Mitral valve replacement 8 Yrs. Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING c. Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF): 4 Yrs. CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART il. Other aignificant conditione contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 29 Natural 5 Pending 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 3 Sulcide 8 Could not be 4 Homicide 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(a) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER Laure Washelt M.V.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D06493 5401 Western Ave. NW Wash., DC 20015 Lawrence Widerlite, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '90 whie Davidson

20

HOSPITAL DR ATTENDING

After t

FUNERAL DIRECTOR: within 72 hours after

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: If

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 1 7 7 Y

the state of the second

DHMH-16 Rev 1/89

AND 21203-3146

6	20	80	9	Г
Ī	may	r. p	15	
STELLING IE,	e 6	ecto	Ē	
	Pag	di di	ner	
	ath.	Inera	ami	
	ar de	를 들	ex	L
	afte	Dy th	ca	Г
	SUDO	d in	Thed	
	74 1	fillek on.	Pe	
	hin	tely	1	
ŝ	M.	nple Cre	Ven	
1	uted	rial Co	9 3	
2	999	and o	nat	
<	2	cian lor t	2	Г
í	cate	e pr	er t	
:	ertif	ing p	to the	
	the co	tend if Hy	0	ı
-	dea	e at	ul,	l
3	t the	nd A	E	
	tha	th a	any	
Ś	ulres	Sign	WS	l
Ī	red	of of	sho	l
]	AP.	Dept 1	23	
DIVISION OF WITHE SECONDS, 1.5. BOX 18149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page fined within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	l
-	MAIS	rtific he S	-	l
	IYSI	is ce	ed.	l
,	4	中中	ark	l
5	DIN	Afte	E	l
0	TEN	TOR:	80	l
>	A AT	RECT JIS 3	E	l
5	0	0 8	==	ı
	PITA	ERA		ı
	HOS	FUN	M	
	뿔	포	NO.	
	101	2 3	E	
				1

6

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENT	AL HYGIENE REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)  JOHN	Ross	MYERS			MON	y 14, 1	990 YEA	3. TIME OF DEATH 10:15 P M	
	217-10-1824	3M□ M 2 □ F 7	7 YRS. MO	UNDER 1 YEA	rs HOURS MIN.	12-	e of BIRTH nth, Day, Year) 16-1912	(ear) Country)		
RC BC	9a. FACILITY NAME (H not Institution, give street Memorial Hospita			mber	vn or location of t land	DEATH		Alleg		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		I too CITY T	OWN OR LO	OCATION				10d, INSIDE CITY	
DIRECTOR	MD Allega	any		erla					1 YES XX NO	
RAL	100. STREET AND NUMBER ROUTE 4 BOX 310A -	- Brice Holl	low Road		10f. ZIP COOE 21502			10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS 1 Never Merried Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMEO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 NO Spec	can, Pueri		or No- 14. R	ACE — American Indian, lack, White, etc.	
D BY	3 Wildowed 4 Divorced  15. OECEDENT'S EDUCA		16a. DECEDENT'S US				6b. KIND OF BUS		white	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during stired.)	most of working		SX Corp			
	Patrick 0. Myers,	Sr.			18. MOTHER'S N					
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Fannie F. Mye	ers			eet and Number or Rura 10A - Bri				mberland, MD 215	
	726. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Remove 4 □ Donetion 6 □ Other (Specify)	val from State M	b. PLACE OF DISPOSITI	on (Name of emete:	f cemetery, crematory or	r		wn, MD	r Town, Slate	
	21. BIGNATURE OF FUNERAL SERVICE LICE	INSEE	.//		pelli Fun					
$\vdash$	When T	Acarp	ell		erland, M				I Anneylest	
	23, PART I. Enter the diseases, pr of shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	iat only one cause on	aach lina.	$\sim$		7011 60 Ct	studed of respir	atory arrest,	Approximate Interval Between Onset and Death	
NO	Sequentially list conditions,	prostati	A CONSEQUENCE OF:	1 Ci	noma					
CATI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in daeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
CAL C	PART II. Other significant conditions					in Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
MEDI	Disbelles	mellit	200000	myc	phany	_	1 TYES 2		COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF OEATH (	Check only	one)			
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inputient 2 I ER/Ou		THER:	Home 5 - Raeldence	e 8 🗆 O	ther (Specify)			
	27. MANNER OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y	WORK?	28d. [	DESCRIBE HOW II	NJURY OCCURE	0	
	28. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28. LOCATION (Street and Number or Rural Route Number, City or Town, State)								iral Route Number,	
COMPLETE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner se stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Sagn	- U	ND	29c. LICENSE N	IUMBER	81	P S	15/90	
10	30. NAME AND ADDRESS OF PERSON WHO Dr. James Raver	Memorial Ho			land MD	2150	2			
	31. DATE FILEO (Month, Day, Year) WAY 1 6 1990	32, REGISTRAR'S SIG	INATURE COMPANY	GMDE1	Land, III	<u> 0</u>	-			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	<b>HYGIENE</b>
CERTIFICATE OF DEATH		REG. NO.
	A DATE O	C DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MA			OF HEALTH AND	MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	L.	METHENY 2. DATE OF MONTH MAY				990 YEA	3. TIME OF DEATH 6:10 A M	
	4. SOCIAL SECURITY NUMBER 214-26-6592	5. SEX	69 YR	MONTHE	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	8. Bi	8. BIRTHPLACE (State or Foreign Country)		
OR	9a. FACILITY NAME (If not institution, give Memorial Hospit				own or Location of D berland	EATH	9c. COUNTY C		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN  MD Alle		1000	city, town or Cumberl				10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	10e. STREET AND NUMBER Route 6 Box 178	<u> </u>			101. ZIP CODE 21502		10g, CITIZEN (	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? TE IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES WWT	If:	AS DECENDENT OF HISPA yes, specify Cuban, Maxic YES AND Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White	
TO:BECOMPLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) Collage (1-4 or 5 +)	(Give kind	OT use retired.)	CUPATION ring most of working	Machinis		ąy	
MOD B	17. FATHER'S NAME (First, Middle, Last) Jesse S. Metheny	,	1		Delphia	N. King	Sumame)		
0.0	19a. INFORMANT'S NAME (Type/Print) Mrs. Gladys J. M.	etheny				Route Number, City or Town land, MD 21		9)	
	> METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)		Oak PLACE OF DIS	e Cemet	-	Terra	a Alta,		
	21. SIGNATURE OF FUNERAL SERVICE L	TXC	cape	Wi Cun	arpelli Fundaberland, M	D 21502			
	23. PART I. Enter the diseases, or allock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. CAR	coused tha death. It is on each line.	ESPI	RATORY	ARREST.		Approximats Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSEQUENCE	ABE	VHSCUL:	AR ACE:	IDEN!	7.	
	PART II. Other significant condition	d.	death but not result	ing in the und	lerlying ceusa given in			24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	I schemic	Hat	Disease,	Kerry	Jacky O	PERFOR	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EDIOMENTA 2 D	OTHER					
								ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26a. PLACE OF	INJURY — At home, fi tc. (Specify)	erm, street, facto	ry, office	261. LOCATION (Street a City or Town, State)	and Number or R	lural Route Number,	
COMPLETED	(Ollock off)					e to the cause(a) and mer e time, data and placa, an		use(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	Then for	( )		29c. LICENSE NU	31 <b>%</b>	P 5	11719C	
F	Dr. K. Suresh 5	17 Oldtown	Road, Cu		nd, MD 2150	2	1		
	MAY 1 7 1990	32. REGISTRAI	R'S SIGNATURE						

_32	m	м
H		
-	208	J
	permit	
physician.	burial-transit	
Du	as the	
pue	88	
i or attending	nse	
	10	
hospita	ached	
the h	det	

BALTIMORE, MARYLAND 21203-3146 TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

by the hos	be detache		at once.
retained t	S should		notified
6 тау бе	ector, page		must be
leath. Page	funeral din		xaminer
ours after	in by the	or removal.	nedical e
vithin 24 h	oletely filled	remation, (	ent, the r
executed v	and com	to burnal, c	other traumatic event, the medical examiner must be notified at once.
rtificate be	ng physician	jiene prior	other trau
ne death ce	the attendir	Mental Hy	ıjury, or
ires that th	signed by	Health and	ws any l
he law requ	has been	e Dept. of	т 23 sho
YSICIAN: T	s certificate	th the Stat	d, or ite
NDING PH	R: After this	ir death wi	is marke
L OR ATTE	DIRECTOR	hours afte	Item 28
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
H OF	HT OT	be filed	IMPO

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICATE OF DEAT	TH REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM				YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, La. Thomas		Meredith			2. DATE OF DIMONTH	EATH DAY 6. 1990	YEAR	3:00 AM
4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTHP	LACE (State or Foreign
214-10-0759	1)XM 2 F	72 YRS. MON	CITY, TOWN OR LO	OCATION OF DEA		4/1918	Mar Mar	yland
415 Glenbu	Office and the second		Cambri					ester
10a. STATE 10b. COU			WN OR LOCATION					IOd. INSIDE CITY LIMITS?
Maryland Do	rchester		Cambrio			10g. CIT		YES 2 NO
415 Glenburn	Avenue			21613		US	3	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 7 YES IF YES, GIVE WAR OR	8 2 NO	If yes, specify	ENT OF HISPANI Cuban, Maxican NO Specify:	, Puarto Rican	ecity Yes or No— , etc.)	14. RACE Black, Specify	- American Indian, White, etc. White
15. DECEDENT'S E (Specify only highest gi Elamentary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	ille. Do NOT use reti	done during most of ired.)		18b. KINI	D OF BUSINESS/IN	DUSTRY	
1 1  17. FATHER'S NAME (First, Middle, Lest)		Power	r Co. V		ME (First, Middle	, Maiden Sumame)		
	ers Meredit	th				radley		
19a, INFORMANT'S NAME (Type/Print)	-					ity or Town, State, Z		21.612
Anita Meredi		0b. PLACE OF DISPOSITIO			Cambr	idge, I		
1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Ramoval from Stata	ld Trinit	y Churc	hyard		Churcl	n Cre	eek, Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		700 Lo	cust	St. C	omas Frambrid	unera ge, l	Home 4d. 21613
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b DUE TO (OR AS	S A CONSEQUENCE OF):	ædder	Car	Len			18MCT
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	s a consequence of):  but not resulting in the	he underlying c	suae given in	Part I. 24s	I. WAS AN AUTOPS'	7 24b.	WERE AUTOPSY FINDING
					1	TYES 2 THO		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	HOSPITAL:	_ 0	THER:	E OF DEATH (Ch	1000			
1 TYES 2 THO	1 Inpetient 2 ER/O	Y 28b, TIME O	Nursing Home F 28c. INJUR	AT		becify) BE HOW INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Yea	r) INJURY		2 NO				
	building, etc. (S	JRY — At home, ferm, atre- specify)	et, factory, office			ON (Street and Numb own, State)	er or Rural R	loute Number,
(Check only	HYSICIAN: To the best of my kn							) and manner as stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER		2	C. LICENSE NUI	MBER	29d. D.	ATE SIGNED	(Month, Day, Year)
Mulaeder	ue e			D336	22	P 4	1011	lay 90
30. NAME AND ADDRESS OF PERSON  COALC W CAU  31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typo, Pri CIHESTER GNATURE YN GSON-RANDAR	ornem!	HOSPITA	2 CA	nBlitte	E m	021613
MAY 1 0 'QO	Julia Da	ydson-gandell	•				1	

1203-3146

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIRECTOR
FUNERAL
D BY
OMPLETE
TO BE C
TION

	1 - FOR STATE OF MARYLAND REGISTRAR			HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)									
	CHARLES THOMAS MA	THOMAS MARSHALL				L990 YEAR	1:35 P M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign			
	212-10-8774 1₩ <sup>2</sup> □F 84	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 08 23 05		untry)			
	9a. FACILITY NAME (if not institution, give street and number)	9	b. CITY, TOWN	OR LOCATION OF DE		05 Maryland 19c. COUNTY OF DEATH				
5	1200 S. Washington St.		East	on		Talbo	t			
	RESIDENCE OF DECEDENT									
	10a. STATE 10b. COUNTY		OWN OR LOC	ATION			10d. INSIDE CITY LIMITS?			
5	Maryland Talbot	Eas	ton				1 X YES 2 □ NO			
3	100. STREET AND NUMBER	0.0.4	13	or. ZIP CODE			OF WHAT COUNTRY?			
	1200 S. Washington St-Apt		$\perp$	21601		USA				
2	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2	NO		CENDENT OF HISPAN pecify Cuban, Mexica	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No— 14. R	ACE — American Indian, liack, Whita, atc.			
-	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 🗆 YE	S 2 NO Specify	r.		pecify:			
	15. DECEDENT'S EDUCATION 188.	DECEDENT'S US	UAL OCCUPA	ION	18b. KINO OF BUS		white			
	(Specify only highest grade completed)	(Give kind of world). Do NOT use it	k done during r	nost of working						
	8	buver			poult	rv				
5	17. FATHER'S NAME (First, Middle, Last)	20,01		18. MOTHER'S NA	ME (First, Middle, Maiden S					
2	Thomas Marshall			Ann	a Tilghma	a n				
		19b. MAILINO A	DRESS (Stree		Route Number, City or Town		21601			
-	Lillian M. Marshall	1200	S. V	Jashingt	on St-Apt	904	Easton MD			
	20e. METHOD OF DISPOSITION 5/11/90 20b. PLAC other			emetery, crematory or		ATION — City o				
- 13	4 Donation 5 Other (Specify) Sp:		ill (	Cemetery	Eas	ston, M	aryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND ADDRESS OF FA	ral Home		*			
	JOHN R. MERCER	27			vland 2	1601				
ENTIFICATION	shock, or heert feliure. Liet only one cause on aech li  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  DUE TO (OR AS A CONS  If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BEOUENCE OF):	mo	n of t	he stor	nach	Interval Between Onset and Death  Whearta			
1	PART II. Other significant conditions contributing to death but no	t resulting in	the underly	ng causa given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
. INEDICA	None				PERFOR  1   YES 2	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
HISICIAIN	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (CA	eck only one)					
5	EXAMINER?  1 YES 2 NO  1 Inpetiant 2 ER/Outpetlent		THER:	ome 5 Realdence	8 Other (Specify)					
7	27. MANNER OF OEATH  1 Neturel 5 Pending 2 Accident Investigation	28b. TIME (		NJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW IF	JURY OCCURE	0			
בר פ	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, str	et, factory, of	lica	281. LOCATION (Street a City or Town, State)	nd Number or Ru	rel Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basic of examination and/						ise(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIG	NEO (Month, Day, Year)			
0 0	Robert W. Trever,	M.D	,	D10938		<b>•</b> 0	5/10/90			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (I Robert W. Trever, M.D. R			7 Page	on MD	21601				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		OX Z	7, East	OII, MD 2	21601				
	MAY I 1 '90 Guliar Veridson									

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

- 2	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DE											3. TIME OF DEATH		
	Edward Franklin McDowell								4-1	4-90	AT.	TEAR	2315	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, L	BIRTH Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
	158-32-4395		1 🔀 M 2 🗌 F	49	YRS.	OWING		noons	200	12-16-40				" N.J.
-	90. FACILITY NAME (If not in: Rt 213 nea				1	Db. CITY, T				EATH		9c. COUN	ITY OF C	PEATH
СТОВ	RESIDENCE OF DEC		neuyviii	<del></del>		Ker	me	dyvi	He			Kei	nt	
EC	10a. STATE	10b. COUNTY	Υ		10c. CITY,	TOWH OR	LOCAT	TION						10d. INSIDE CITY
DIRE	Maryland	OB. STREET AND NUMBER 101. ZIP CODE												1 TES 2 NO
IAL I	10a. STREET AND NUMBER								-					WHAT COUNTRY?
FUNERAL	Vansant Co	orner						21645				US		
J.	11. MARITAL STATUS 1 Never Married 2	Married	FORCES?	NT EVER IN U.S. AR	NO NO	113	res, sp	ecity, Cubi	ın, Mexica	IIC ORIGIN? ( n, Puerto Ric		or No-	Blac	E — Americen Indien, k, White, etc.
B₹	3 Widowed 4 Divo		9/8/5	9 - 9/	6/63	1[	YES	2 <u>密</u> NO	Specif	γ:			Spec	White
0	15. DEC	EDENT'S EDU highest grade	CATION	16a, DE	CEDENT'S U	SUAL OCC	UPATIO	ON .		16b. K	IND OF BUS	BINESS/IND	USTRY	
	Elementary/Secondary (0		College (1-4 or 5	+) #fe	. Do NOT use	retired.)	ing mo	ASI OF WORKE	עיי					
COMPL	12			<u> </u>	armer	<u> </u>		,			armin			
	17. FATHER'S NAME (First, M.		-11							ME (First, Mic Dunla		Surname)		
BE	Willard F.		err	1 40	- MAII INC A	DDDESS /	Otun at		_	Route Number	_	o Photo 7to	Codel	
200	Carol Ann		11	19		as i				rioute Number	City or low	п, Запа, Др	C008)	
	204, METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOSIT						20c. LO	CATION —	City or To	own, State
THE REAL PROPERTY.	1 🖾 Buriel 2 🗆 Cremetic 4 🗆 Donation 5 🗆 Other		loval from State	other pi	lece)	ena (						lena		
ner	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	,		22. N/	ME A	ND ADDRE	SS OF FA					
examiner	· Mai	wh	3. For	10-2						al Ho		A	n 11	D 21651
the medical	IMMEDIATE CAUSE (Fir	aart fallure.	complications th List only one ca	at caused tha de luse on each line	aeth. Do no a.	t antar ti	na mo	oda of dy	ing, suc	h aa cardia	c or reap	iratory arr	rest,	Approximate interval Between Onset and Dec
ws any injury, or other traumatic event, the medical examine IEDICAL CERTIFICATION	disease or condition resulting in desth)	<b>→</b>	. Multip	ole traum			vel	re he	eand t	rauma			2	rout.
RTIFICATION	Sequentially list condition if any, leading to imme	diata	b	O (OR AS A CONSE	OUENCE OF)	:								
er other tr	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events		cDUE TO	O (OR AS A CONSE	OUENCE OF)	:								
F	resulting in death) LAS	т	4											
Ö		-			538m S 1								1176	
MEDICAL CE	PART II. Other eignifice	int condition	na contributing t	o daeth but not	reautting in	tha und	arlyin	g causa	given in		PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI										— I	T YES 2	NO 📉		OF DEATH?
-										—				1 TES 2 NO
IAN: M	25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF I	DEATH (C	neck only one)				
SIC	EXAMINER? 1X YES 2 □ NO		HOSPITAL:	☐ ER/Outpetient :	DOA	OTHER:				6 💢 Other (	Snectivi H i	iohwa	v 27	13
5   ≥	27. MANNER OF DEATH		26e. DATE C	F INJURY	26b. TIME	OF 2	Bc. IN	JURY AT			RIBE HOW			- )
marked BY PI		Pending investigation	4-14	Day, Year) 1-90	2310			YES 2	X NO	auto	acci	ldent	, Pa	assenger
1 O	3 Suicide 6	Could not be	building	OF INJURY - At he						City or	Town, State,	)		Route Number,
ETE	4  Homicide	determined	Rt.23	13 n. of	Shrev	rsber	тy	Chu	cch l	load,	near	Kenn	edy	ville
E COMPLETED		TIFYINO PHYS	BICIAN: To the best	of my knowledge, d	eath occurred	at the tim	ie, det	e end plac	e, end du	to the cause	e(e) and ma	nner as ste	ted.	
S S	one) 2 MED	ICAL EXAMIN	ER: On the beele of	examination end/or	Investigation	, in my op	inion,	death occi	ared at the	time, date e	nd place, e	nd due to th	he cause	(e) end manner as stated.
2 0	29b. SIGNATURE AND THE	OF CERTIFIE	W. A	arr				100	ENSE NU 125				-16	(Month, Day, Year)
10	30. NAME AND ADDRESS O			Chest			)	2162	20					
12	31. DATE FILED (Month, Day,	Year)		RAR'S SIONATURE										
	APR 20	'an	Suli	Davidson-	Bando 00	>_								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MND 21203-3146

BALTIMORE, W

Σ	200	- G	ě
BALLIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
n	fter d	the towal.	19 63
	NUCS A	in by	redic
	24 110	filled ion, o	the m
6	rithin	vietely	ant, 1
146	v pau	comp ial, c	A S
3	BOBCL	to bui	mati
Š	te be	siclar	trau
20	artifica	and bu	other
J.	ath ce	tendir al Hy	0
Ś	he de	the at Ment	n ury
2	that t	d by	iny i
္ပ	uires	signe Healt	WS 8
T.	w req	been at. of	s sho
AL	he la	e has	т 23
	AN: T	tificat Start	r 16
F	NSICI	ith th	ed, o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	16 PH	ter th	em 28 is marked, or item 23 short
0	NONE	R: Af er de	50
<u> </u>	ATT	RECTO aff	m 28
0	1 OF	2 hou	f ite
	SPIT	INERA	N.
	무	HE FU	DRITA
	T 01	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYL REGISTRAR		ENT OF HEALTH AND	MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH	
	James A. Miller	sr.		05 09	9 Ŏ	130 AM	
		1141	UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH 0 1 - 06 - 19	8. B	NRTHPLACE (State or Foreign Jountry)	
		) / YRS.				lid.	
-	9a. FACILITY NAME (If not institution, give street and number) 2228 Snydersburg Road	96.	Westminister	1	Sc. COUNTY	rroll	
2	RESIDENCE OF DECEDENT		We3 CHITHI3 CE		Cai	11011	
DIMECTOR	10a. STATE 10b. COUNTY		WN OR LOCATION			10d. INSIDE CITY LIMITS?	
	Md. Carroll	we	stminister		40 OFFITEN	1 TYES 2 NO	
HA	2228 Snydersburg Road		21157	j	10g. CITIZEN OF WHAT COUNTRY?		
	11. MARITAL STATUS  12. WAS DECEDENT EVER II FORCES? 1 PYES	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. I	RACE — American Indian,	
BY FUNEHAL	IF YES, GIVE WAR OR D.	2 NO	If yes, specify Cuban, Maxico			Black, White, atc. Specify:	
	3 Wildowed 4 Divorced Army WW	11				White	
EIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUS	INESS/INDUST	HY	
7	8th grade College (1-4 or 5+)	Electri	cian	IBEW	Local	24	
COMPL	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Maiden S	Surname)		
BE	George Miller			phine Blu			
0	Mrs. Lorraine J. Miller		PRESS (Street and Number or Rural				
			nydersburg  N (Name of cometery, crematory or		ATION — City		
	1 Burial 2 Cremation 3 Removal from State	est Lawn	Mem. Garde			sville, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7	22. NAME AND ADDRESS OF FA				
	* Steven W. Eli	ne	934 S. Main St				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):							
SEK	resulting in death) LAST						
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 ☐ YES 2 ☐ NO						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (C	heck only one)			
	1 VES 2 No 1 Inpatient 2 ER/Out	patient 3 DOA 4	THER: Nursing Home 5 Realdence				
27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Acoldent Investigation  28c. INJURY AT WORK?  1 YES 2 NO					IJURY OCCURE	ED	
2 Accepted 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						lural Route Number,	
COMPLEI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the bests of examination					use(a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			GNEO (Month, Day, Year)	
2	Bonne I Jacobian mos		10 170	740	▶5/9	190	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE		cts wasta.n	star.			
	31. DATE FILED (Month, Day, Year)  MAY 10 '90  32. REGISTRAR'S SIGN	burdson-Randa	90_				

AND 21203-3146 the hospital or attending physician.

٣	-	뒫	Ē
	8	5	ě
	ath.	nera	Ē
	r de	35 Ja	ex
	afte	T A	cal
	MLS	E E	Ded
	T.	filled In. c	е
	in 2	ely 1	=
5	E.	plet	len!
	ted	ial Con	6
2	Xecu	Pro	ig.
	96	lan or to	5
	ate t	ysic	1
1	tific	a ph	the
)	-e-	Hydin	0 1
	eath	atter	y, 0
5	9	Mer	크
	神	and of	y le
5	S S	E E	9
	uire	Sign	SMC
	90	of of	\$ F
ī	IBM	Dept Dept	23
שניים אים יייים אים אים אים אים אים אים אי	Ę	ate	Е
•	IAN	Tific e Si	10
	YSIC	E CE	d,
)	Æ	The It	arte
-	ING	After	Ē
É	EN	DR:	00
ź	A	S af	2
5	S.	Page 1	Ten
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2+mours after death. Present	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diment be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner my
	SPI	INE P	Ë
	E HC	1000	HIA
	Ŧ	王章	2
	2	2 3	Ξ

Unicorn M 31. DATE FILED (MONTH, Day, Year) MAY 14 '90

32. REGISTRAR'S SIGNATURE
Lulia Davidson-Randalle

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DE		NT OF HE			HYGIENI REG. NO.	E	<i>J</i> <b>(</b>	1440
	1. DECEDENT'S NAME (First, Middle, Last) E.	Barton	McGui				2. DATE OF MONTH	DEATH	1990	YEAR	1:15PM M
3	4. SOCIAL SECURITY NUMBER 212–28–1778	5. SEX	8. AGE (In yrs. last birt	thday) IF UN	IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	10. BIRTH 2.23			(State or Foreign
JR.	9a. FACILITY NAME (If not institution, give s Kent & Queen Anne		ospital I			LOCATION OF DE	EATH		ec count Kent	Y OF DEATH	1112
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland Kent	1			w or Location				-	1	INSIDE CITY LIMITS?
	100. STREET AND NUMBER  Crestview I	2+ 5 Bo		ules t	10t. 2	ZIP CODE			10g. CITIZE	N OF WHAT C	YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 27 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARMED  VES 2 NO  AR OR DATES		13. WAS DECE	NDENT OF HISPAN Hy Cuban, Maxica NO Specify	n, Puarto Ric				nerican Indian, a, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) VYS		(Give k		L OCCUPATION one during most ed.) Mille	of working	19b. K		iness/indus	STRY	
BE COMF	17. FATHER'S NAME (First, Middle, Last)	ng P. Hal				18. MOTHER'S NA Fmily I					
TO B	19a. INFORMANT'S NAME (Type/Print)  A. Bradford	McGuire	100			Number or Rural I					1620
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE OF I other place)	Capi	tal Cr	enatory or		Dove		ty or Town, St elaware	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Fello	115			o ADDRESS OF FA S Funera O Millin			21651		
	23. PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final			. Do not er		- 50		- 60			Approximate Interval Between Onset and Death
	disease or condition resulting in death)	Dilate DyE TO	OR AS A CONSEQUE	nce of:	IV	bacul	or	aci	Ceda	ento	I wh
D. J. 200 11					list	The M	tan olli	tion	· lwk		
CERTIFICATION	CAUSE (Diseese or Injury that initieted events resulting in deeth) LAST	DUE TO	(OR AS A CONSEQUE	NCII OF):							
CAL	PART II. Other significent condition	ns contributing to	deeth but not resu	ilting in the	underlying	ceuse given in		PERFOR	MED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
Q W T T T T T T T T T T T T T T T T T T						EATH? YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO											
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D.		8b. TIME OF INJURY	28c. INJU WOF 1 Y		28d. DESC	RIBE HOW I	NJURY OCCU	PRED	
ETED B	3 Suicide 8 Could not be detarmined	28a. PLACE O building,	F INJURY — At home, etc. (Specify)	farm, street,	tectory, office			ION (Street i Town, State)		r Rural Route N	łumber,
OMPL	ann)		my knowledge, death								manner as stated.
) BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	P. 1	3			DZO	MBER 890		29d. DATE	SIGNED (Mont	h, pay, Year)
1 1 1	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED EALS	SE OF DEATH (ITEM 2)	7) Chma Print			6			1	

21203-3146

or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-recurs after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mass filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - STATE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	Lost) 2. DATE OF DEATH 3. TIME OF DEATH						3. TIME OF DEATN
		BABY GIRL	NASH			MONTH 05/	09/90	3.00 P M
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	a.	BIRTNPLACE (State or Foreign Country)
		1 M 2 X F	YRS.	INTHS DAYS	1 <u>1</u> <u>1</u>	05/09/9		MARYL AND
	9e. FACILITY NAME (If not institution, give stre				R LOCATION OF DE		9c. COUNTY	OF DEATH
<u></u>	GREATER BALTIMORE	= MEDICAL CE	NIER	10	WSON		BALT	IMORE
ᇤᅵ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON	<u>-</u>		10d. INSIDE CITY
DIRECTOR	MARYLAND HOW	VARD		AB INGT	ON			LIMITS?
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
EB	800 W BAKER AVE	NUE			21009		U	.S.A.
FUNERAL		12. WAS DECEDENT EVER IF FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify	Yea or No- 14	. RACE — American Indian, Black, White, etc.
BY F	1) Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 D O Specify	n, Puerto Rican, atc.)		Specify: WHITE
		17.00						
	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of work life. Do NOT use re	done during mo		16b. KIND OF	BUSINESS/INDUS	TRY
اڄ	Elementary/Secondary (0-12)	College (1-4 or 5+)		,				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	WE (First, Middle, Maid	len Surname)	
		STEVEN M.	NASH		TERR	I GREEZI	CKI	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street e	nd Number or Rural F	Route Number, City or	Town, State, Zip Co	ode)
임								
	20e. METNOD OF DISPOSITION 1 Duriei 2 Cremation 3 Remove	and from Obota	. PLACE OF DISPOSITI				LOCATION — CIT	
	4 Donation 5 Other (Specify)	The state of the s	Greater, B				owson, l	·ID
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / /	1_		D ADDRESS OF FA	ore Medi	anl Cont	tor
	1200	Low	in h			s Street		rer
	23. PART I. Enter the diseases, or co							
	ahock, or heart feliure. L IMMEDIATE CAUSE (Final	ist only one ceuse on e	ecn line.					interval Between Onset and Death
	discore or condition	. CARDIO RE	SPIRATORY	FATILIE	F			
	Touching in Louding	DUE TO (OR AS A	CONSEQUENCE OF):		-			
Z	Sequentially list conditions,	SEVERE PR						
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	24 WEEKS	CCCTATION					
2	CAUSE (Disease or injury		CONSEQUENCE OF):					
CERTIFICATION	that initiated events resulting in deeth) LAST	332 73 (317.73)	, contained on j.					
E	-	•						
AL	PART II. Other algnificant conditions	contributing to deeth b	out not resulting in	the underlyin	g cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						1 _ YES	2 NO	OF DEATH?
ME						_		1 TYES 2 NO
ä								
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
IXS	1 YES 2 THO 27. MANNER OF DEATN	1 Ninpetient 2 ER/Out	patient 3 DOA 4			6 Other (Specify) 26d. DESCRIBE HC	W IN HIRV COCH	950
占	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	PRK?	200. DESCRIBE NO	W INJURY OCCU	NEO
	2 Accident Investigation	26e. PLACE OF INJURY	/ — At home, farm, atre			281. LOCATION /Str	net and Number or	Rural Route Number,
	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Spe	clfy)		-	City or Town, S		,
COMPLETED	29a. CERTIFIER . W CERTIFYING BUYEN	ZIAN: To the best of my know	dadaa daabb aaarii d	at the time of the		An the annual of and		
MP	(CHECK ONLY							cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			
8	Mariona 11 LE OF CERTIFIER	Lungor	a Reso		290. LICENSE NUI	2501	1 .	SIGNED (Month, Day, War) - 9 - 9 0
2	30. NAME ANO ADDRESS OF PERSON WHO			rint)	60		. 3	1-10
	NORMA V. GUNGON	, M.D., GRE	ATER BALTI	IMORE M	EDICAL C	TR.6701 N	. CHARL	ES ST. 21204
	MAY 21 199	32. REGISTRAR'S PAGE	don- Jonda	L				

Dally in

Student and in 22 and 15 year

6,	. aniebi.
314	Suchar
RECORDS, P.O. BOX 13146,	-
ŏ	-
m	SEAM
o	-
œ.	fanth
S	440
문	-
8	Jean
<b>W</b>	-
	-
M	É
5	20.00
N OF VITAL	The second section of the second seco
NOIS	0111
3	7.00

3		
包		
hed		es.
detac		onc
8		76
hould		iffed
5 5		not
page		pe 1
irector,		r mus
uneral d	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the fi	oval.	al ex
in by	rem	edic
palli	n, or	m 90
tely	matic	It. 10
отріє	al, cre	ever
and	ung o	natic
sician	prior t	traur
g phy	iene i	ther
endin	Hyd	0 0
he att	Menta	un.
by t	and	IV in
lgned	ealth	rs an
een s	of H	show
has t	Dept	23
icate	State	Iten
certif	the t	0.
this	h with	arke
Afte	deat	E
TOR:	after	28
DIREC	Nours	E
AL	2	E
ER	in i	E
FEN	With	TAN

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

IMPORTAL

THE P

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending

Investigation

1 YES 2 NO

27. MANNER OF OEATN

1 Natural

2 Accident

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 9:50 PMM ACARIAS NERPIOL 7. DATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS Phillipines 1 M 2 F 05 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD 1 YES 2 NO 5 FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f ZIP CODE Charlotte Hall Veterans Home 20622 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 1 10 7 ES 2 10 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced 1919-1958 Filipino COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) Navy Steward 0 11 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Eugenio Nerpiol Maria Paguntalan BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod 19a. INFORMANT'S NAME (Type/Print) 2 6012 Country Ln., Waldorf, Md. 20601 Clara Cagiwa 20a, METHOD OF DISPOSITION

XIXBurial 2 □ Cremation 3 □ Ramo 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Arlington Nat! 1 Cemetery Arlington, Va. 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Maryland 20735 Clinton, Maryland 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or haart failure. List only one cause on each line. Interval Between Onset and Dasth IMMEDIATE CAUSE (Final diseese or condition Cordiovascular) disease stic resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST

PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

1 | Inpetient 2 | ER/Outpetient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

1.	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
nly o	ne)	
Oth	er (Specify)	
DE	SCRIBE NOW INJURY OCCU	PRED

24b. WERE AUTOPSY FINGINGS

24s. WAS AN AUTOPSY

3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
29a. CERTIFIER 1 CERTIFYING PHYSIC	iAN: To the best of my knowledge, death occurred at the time, data and place, a	and due to the cause(a) and manner as stated.

26b. TIME OF

OTHER:

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

26. PLACE OF OEATH (Check of

Nursing Home 5 - Residence 6 -

1 YES 2 NO

28c, INJURY AT WORK?

th. BIONATURE AND TOPLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM VD.//org. Dried	1.00000	7 2 10

July Davidson Henry Men -31. DAVE FILED (Month, Day, Year) '90 04

DHMH-16 Rev 1/89

BALLIMORE, MARYLAND	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aurs after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4	#	9	10
Ξ	De De	B	pq s
Ā	tain	sho	E .
Σ	e re	9	00
цì	ay	pag	ğ
H	E 9	ctor,	Uns
Š	906	dire	10
Ξ	F.	673	를
A	deat	g.	еха
n	after	y the	le 3
	13	in the	edi
		led .	E
	u	atio	=
Ď	With	Crem	ent
4	rted	ra je	5 3
3	Dexe	and o	nati
×	Pe Pe	cian or to	367
2	cate	hysin e pri	or th
-	ertifi	glen glen	oth o
3.	th c	endi L Hy	0
2	dea	e at	uny.
מ	the	The the	Ī
Ĭ	tha:	th a	any
$\ddot{\mathbf{c}}$	uires	Sign	WIS
부	req	of of	sho
_	law i	Dept	23
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Ē	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 so filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	Item
>	CIAN	the s	0
4	HYS	vith vith	ed,
Z	16 P	ath v	nari
0	NO	R. Af	50
S	TIE	afte afte	28
2	OR A	DIRE	Fem
	GAL (	AE C	=
	SPIT	NER.	H
	HO :	F	MAL
	王	THE	20
	E	EB	至

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR						YGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	INF Ir	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					2. DATE OF MONTH		N.	YEAR 990	3. TIME	OF OEATH	
	Albert I. NOTEST: 4. SOCIAL SECURITY NUMBER 5. 577-12-1354		EX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE C (Month AUGUS)  The property of th						BIRTH BY 122,	6. BIRTHPLACE (State or For Pennsylvani				
ECIOR	99. FACILITY NAME (If not institution, give street AMI DRS  HOSPITAL (		ITY	9b. CITY		n LOCATIO	ON OF DE	ATH		9c. COU			ge	
DIREC	10a. STATE 10b. COUNTY Maryland Prince	George's	100	ores				10d. INSIDE CITY LIMITS? 1   YES 2   X   N					HTS?	
A	100. STREET AND NUMBER 2911 East Avenue					101. ZIP CODE 20747				10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BT FUNER	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 12 CYES IF YES, GIVE WAR OR DATE	2 NO	- 1	f yes, spe		n, Maxicer	NC ORIGIN? (5 n, Puarto Rice :		or No—	Blac	E — Amar k, While, d thy:Whi		
IPLEIED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  12	ON 1 spleted) sollege (1-4 or 5+)	Give kind of life. Do NOT u	work done ( se retired.)	CCUPATIO	N st of worldn	g	-	nd of Bus			ent		
BE COMP	17. FATHER'S NAME (First, Middle, Last) Albert L. Notestir	le, Jr.						ME (First, Midd CAllis		Sumame)		7		
2	Jacqueline R. Luber		3902	Wall	s La	ne,	Suit	land,	Mary	land	207			
	20e. METHOD OF DISPOSITION  (CKBurlel 2 Cremation 3 Removal  4 Donation 5 Other (Specify)  21. BIONATURE OF FUNERIAL BERNICE LICENS	from State	Cedar	Hill	Cem	eter	У		Su	cation —	nd,			
	·/Learge &	Kales	1	6	160	0xon	Hil	as Fur 1 Rd.	, Oxo	n Hi	11,	Md.2	0745	
	23. PART i. Enter the dispases, or come ahock, or heert failure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	oue to (or as a c	A OF	THE						retory en	reat,	in	pproximats tervai Between nset and Dsath	
NO	Sequentielly list conditions, if eny, leading to immediate													
HILAIION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	AUSE (Disease or injury at initisted events DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL CE	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in ARTERIOSCUEROTIC CARDIO VASCULAR DISEASE CHRONIC DISKOGENIC DISEASE							Ia. WAS AN PERFOR	MED?	241	COMPLE OF DEAT	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE IH? ES 2 11 NO		
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 M NO	OSPITAL:		OTHE	R: .			eck only one)			_			
-	27. MANNER OF OEATH  1 [[] Natural 6   Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. T/8		28c. INJ WO			6 Other (S		NJURY OC	CURED			
26e. PLACE OF INJURY — All home, lerm, street, factory, office building, etc. (Specify)  26e. PLACE OF INJURY — All home, lerm, street, factory, office building, etc. (Specify)  26f. LOCATION (Street end Number or Rural City or Town, State)						or Rural Route Number,								
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e).									e) end me	nner as stated.				
O BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	aop				-	246			29d. DAT	5 G	Month,		
	30. NAME AND ADDRESS OF PERSON WHO CO	ORAO , JR.	DOCTOR	s, Print) S'HO	SPITA	th,	LAN	IHAM,	MD.		/ -	1		
	SANTIAGO D. MORAO, JR. DOCTORS' HOSPITAL, LANHAM, MD.  31. DATE FILED (Month, Day, Vour)  MAY 08 90  Suita Savidson-Randale													

V ...

0 7

2

.

	REC
	VITAL
	OF
	DIVISION
p.	

examiner must be notified at once.  TO BE COMP	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMP
examiner must be notified at once.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medica
ne funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.		
ECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	CYEAR	3. TH

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	D.					
i	1. DECEMENT'S NAME (First, Middle, Last)	c.Nasl	7			2. DATE OF DEATH	DAY 7	98AR	3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER 577-40-3219	1 □ M 2 😾 F	70 YRS. MOI	UNDER 1 YEAR  THIS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 5,		Wash	ington, D.C.			
IOH	SA FACILITY NAME (II not institution, give street and number)  OLLHOLD MOYUMAN HUSPIKO CINTON OF DEATH  PRESIDENCE OF DECEDENT  PRESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNT	ce George's		SVILL				10d, INSIDE CITY LIMITS? 1 1 YES 2 □ NO				
FUNERAL	4814 69th Place			10	20784		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 NO	If yes, sp		IIC ORIGIN? (Specify \n, Puerto Rican, etc.)  /:	es or No	14. RACI Blac Spec	E — American Indian, k, White, etc. #y: White			
<u> </u>	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during me	ON ost of working	16b. KIND OF E	USINESS/IN	DUSTRY				
COMPLET	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+) None	Supervis			Telepl		Compa	any			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Ralph Murray				Catheri	ME (First, Middle, Maid ine A. Wr:	n Sumama) Lght					
2	19a. INFORMANT'S NAME (Type/Print) Leonard W. Schlos	sser (Son)	Route	DRESS (Street )	570, Wate	Poute Number, City or Verford, V:	wn, State, Zi Lrgin:	io Code) ia 2	22190			
	20a. METHOD OF DISPOSITION  1 Burtal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	of t Lincol	n Ceme	metery, crematory or tery		LOCATION — EII TWO		own, State Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Kore L			Sons Fi			ne, P.A. , Md. 20781			
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	List only one cause on	each line.  A CONSEQUENCE OF):						Approximate interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST	· PYC, CA	A CONSEQUENCE OF):  A CONSEQUENCE OF):	chu	efus	+10						
MEDICAL	PART II. Other significant condition	na contributing to death  Coro. C  Neurol  Neurol	1	Dis A	g cause given in	PERF 1 D YES	AN AUTOPSY ORMED? 2 NO	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
<u>5</u>	EXAMINER?	HOSPITAL:		THER:		6 Other (Specify)						
Y PHYSICIAN:	27. MANNER OF OEATH 1 🕅 Natural 6 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year,	28b. TIME O	F 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	V INJURY O	CCURED				
ED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, streedly)	et, factory, offi	CO .	281, LOCATION (Stre City or Town, Str	et and Numbi	er or Rural	Route Number,			
COMPLET	onel —	SICIAN: To the best of my kno IER: On the besis of examinal							(s) and menner as stated.			
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	(Morith, Day, Year)			
	30. NAME AND ADDRESS OF PERSON W ABULHASA!	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Typo, Pri	m) 89,2 C. (	6 loo	MAP.	20	73	+ 4101			
	MAY 0 2 90 Poy, Year)	una Davidson-Ra						,	3			

BALTIMORE, MARYLAND 21203-3146	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the bunal-transi	or removal.	madical assumption will be notified at once I William
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	2 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the second and the second seco

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			ENTAL HYG				
_ [		1. DECEDENT'S NAME (First, Middle, Last)	THEODORE J	NICOLAID:	as ide	5	2. DATE OF DEAT	B 9	3. TIME OF DEATH 3.55 D. M		
		4. SOCIAL SECURITY NUMBER 086-32-3728	6. AGE (In yrs.	inst birthday) IF U	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye 05-05	1 0 m	NRTHPLACE (State or Foleign 'Y) YEECE		
2, 3	TOR	90. FACILITY NAME (If not institution, give street Suburb an Hospi	t and number)	3	ethes	a LOCATION OF DEA	тн	9c. COUNTY	OPMERY		
ii. Pages, 1, 2, 3	DIRECTOR	10e. STATE 10b. COUNTY	gomery		wn on Locati hesda	ON			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
ansit perm	FUNERAL	8616 Ewing Drive			0.00	ZIP CODE 0817			S.A.		
hineral director, page 5 should be detached for use as the bunal-transit permit.	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES			endent of Hispanic city Cuben, Mexican, 2 K NO Specify:		۵.)	RACE — American Indian, Black, White, atc. Specify: White		
for use as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondery (0-12)	mpleted) College (1-4 or 5+)	DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	ione during mos red.)	t of working		F BUSINESS/INDUST	RY		
be detached for at once.	СОМР	17. FATHER'S NAME (First, Middle, Last)	5 Mg	gr. Tele	commun	18. MOTHER'S NAM		and the process of			
5 should be notified at	TO BE	George Nicolaides  190. INFORMANT'S NAME (Type/Print)  Alexa Nicolaides		19b. MAILING ADD		Ourani nd Number or Rural Ro # 10		rohidis or Town, State, Zip Coc	je)		
ector, page		20e. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	al from State othe	CE OF DISPOSITION PROPERTY OF HEAD	N (Name of cem	etery, crematory or	20	Silver	or Town, State Spring, MD		
d in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Joseph Gawler's Sons, Inc.  5130 WI Ave. NW Wash. DC 20016									
the attending physician and completely filled in by the disheral Hyglene prior to burial, cremation, or removal injury, or other traumatic event, the medical	RTIFICATION	2S_PART I. Entar the diseases, or co ahock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that Initiated events resulting in dasth) LAST	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE OF:		17			Approximate interval Between Onset and Death		
the attendid Mental Hy injury, or	AL CER	PART II. Other significant conditions	contributing to death but no	ot resulting in th	ia undarlying	cause given in F		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
been signed by it. of Health an	MEDIC,							ERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
this certificate has be with the State Dept.	PHYSICIAN		HOSPITAL: I ☐ Inpatient 2⊈ ER/Outpatien	01 1 3 🗆 DOA 4 🗔	HER:	ACE OF DEATH (Chec		y)			
fter this certification with the marked, or	ВУ РНУ	27. MANNER OF DEATH  1 A Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE	HOW INJURY OCCUR	ED		
DIRECTOR: After thours after death	ETED E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, stree	t, factory, office		28f. LOCATION (S City or Town,	Street and Number or i State)	Rural Route Number,		
FUNERAL DIRE within 72 hours	COMPLE	CONSTRUCTION -	AN: To the best of my knowledge On the basis of examination and						euse(e) and manner as stated.		
TO THE FUNER De filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Weigh	al M	D	DI 9	785	29d. DATE SI	GNED (Morith, Day, Year) S1990		
4		30. NAME AND ADDRESS OF PERSON WHO Frauke Westphal,	M.D. 809 Vie	ers Mill	1	ockville,	MD 208	351	1		
5		31. DATE FILED (Month, Day, Year)  MAY 07 '90	32. REGISTRAR'S SIGNATUR	-Random							

Charle 19

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

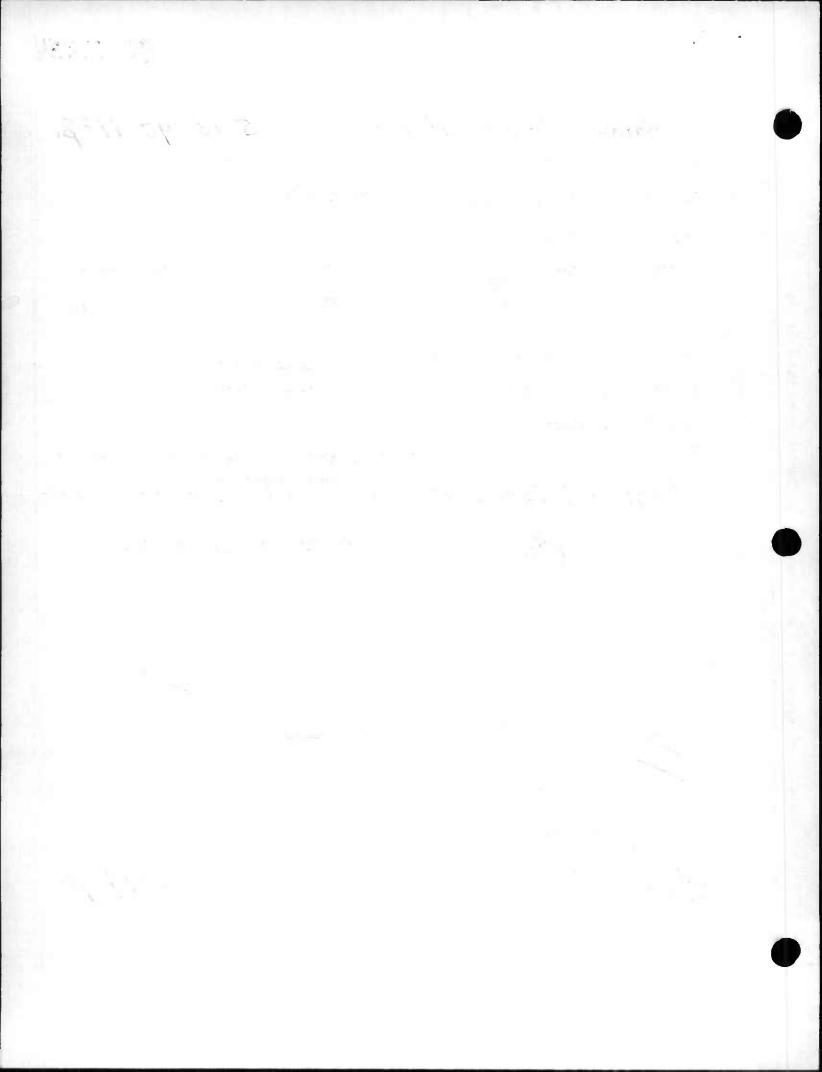
	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART				NENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  Bessie C. Newe	2]]	H				2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT		YEAR	3. TIME OF DEATH 4:00 A M
	4. SOCIAL SECURITY NUMBER 225-40-6718		GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEA		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	888	Count	IPLACE (State or Foreign
LOR	98. FACILITY NAME (If not Institution, give a MD Manor Nursing RESIDENCE OF DECEDENT			95. CITY, TOWN OR LOCATION OF DEATH Glen Burnie						undel
DIRECTOR	10a. STATE 10b. COUNT		1000	, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
D	Maryland Anne	e Arundel	Se	vern	101. ZIP CODE	E		10g. CIT	IZEN OF	1 TYES 2 NO
FUNERAL	8320 Ches-Mar Ct.				21144				S.A	
ΒX	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	R IN U.S. ARMED ES 2 XNO R DATES	If yes	DECENDENT O I, apacify Cuba YES 2 X NO	n, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—		E — American Indian, k, Whita, atc. White	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us) Practica	ork done during retired.)	most of working	ng	Medici		DUSTRY	
	17. FATHER'S NAME (First, Middle, Last) (UNKNOWN)	Quarles	1	111013	18. MOTI		ME (First, Middle, Maiden	Surname)		
3 BE	19a. INFORMANT'S NAME (Type/Print)	quartes	19b. MAILING	ADDRESS (Str			n Chandle		ip Code)	
2	Mary E. Smith		7567 B				d., Glen			MD 21061
	1 Deuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify	oval from State	Carmel Ch							unty, Virgin
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	Kir	kley F Crain	uner	al Home	len F	Burn:	ie, MD 21061
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury the initiated events	a. CON A DUE TO (OR A  B. DUE TO (OR A  C. CON	n each line.	SCL	H	EAR		LU	RE	Approximate Interval Batween Onset and Death
	PART II Other elegiticant condition	a. SACI	RAL	DE	CUR	SLT.	Part I. 24s. WAS AN	ALITTOPEY	, 124	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART II Sther significent candition	ITRAL	FUS	TU	LA	)	PERFO	RMED?		ANALABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF D	DEATH (Che	eck only one)			
PHYSI	1 U YES 2 X NO  27. MANNER OF DEATH	1 Inputient 2 ER/ 26a. DATE OF INJU (Month, Day, Ye	FRY 28b. TIM	4XX\ursing	Home 5 R	esidence	8 Other (Specify)  28d. OEŞCRIBE HOW	INJURY O	CCURED	
В	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	IURY — At home, farm, s		YES 2 [	□ NO	28f. LOCATION (Street City or Town, State		er or Rural	Route Number,
COMPLETED	onel only	SICIAN: To the best of my i								(s) and manner se statest.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PARSON W	ngh Mã	ttendin	gain	290 LIO	S Z	1160	\$84. DA	TE SIGNE	D (Month, Day West)
	Harjit Singh, M.	D., 5507-E	Ritchie		<u>Balti</u> m	ore,	MD 21225			
	31. DATE FILEO (Month, Day, Year)  MAY 9 1990	32. REGISTRAR'S	SIGNATURE							
	- L	•								DHMH-18 Rev 1/8

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the think the flower of many be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last NATHAN WALLACE N					2. DATE OF DEATH	Ness.	3. TIME OF DEATH 10:20 a.
4. SOCIAL SECURITY NUMBER 216-44-3256	5. SEX 6. AGE	(In yrs. lest birthday) MK	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-13-1909	L BIRTI Cour IO	THPLACE (State Coreign atry)
94. FACILITY NAME (If not institution, gived 11124 Emack Road RESIDENCE OF DECEDENT	The second second	9	Beltsy	ille	ATH	9c. COUNTY OF Prince	George
10a. STATE 10b. COUN	nce George		TOWN OR LOCATI	NO			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER  11124 Emack F	Road			ZIP CODE 0705			WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe		NIC ORIGIN? (Specify Yen, Puerto Rican, stc.) y:	Bia	CE — American Indian, ck, White, etc.
15. DECEDENT'B ED (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos	t of working	16b, KIND OF BU	SINESS/INDUSTRY	
12 years	l year	Inspecto	r			ostal Se	rvice
17. FATHER'B NAME (First, Middle, Last)	A7 - 7				ME (First, Middle, Maider	Surname)	
Joseph Ray	Nelson			Clara	Smith	- B	
19a. INFORMANT'S NAME (Type/Print)				d Number or Rural i	Route Number, City or Tov	vn, State, Zip Code)	
Gwendolyn E. Nel			s # 10				
20e. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movat from State	other place)  Fort Linc				rentwood	Town, State , Maryland
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE			ADDRESS OF FA			
1200000 I	C. Brown	10A	-		neral Home		e, Md. 2070
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):					
PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying	cause given in		RMED?	4b. WERE AUTOPSY PINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)		
1 A YES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)		
27. MANNER OF BEATH	28a. DATE OF INJUR	Y 28b. TIME	OF 28c, INJ	JRY AT	28d. DESCRIBE HOW	INJURY OCCURED	
1 Natural 8 Pending	(Month, Day, Yea	) INJUI	M 1 U	RK7 ES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not 8 4 Homicide detarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, term, str pecify)	eet, factory, offic		281. LOCATION (Street City or Town, State		al Route Number,
CONDUM ONLY	YSICIAN: To the best of my kn						e(a) and manner as stated
286 SIGNATURE AND TITLE OF CERTIF	TIER )			29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
THE USTO Y	Iday 11	1140		D2123	0	15-	14-90
AUGUSTO P. ROC	WHO COMPLETED CAUSE OF IT I GUEZ, M.	D. 5009	Raybur	n Ct.,	Camp Sp	rings, M	ID 20748
31. DATE FILED (Month, Day, Year) MAY 1 5 °90	32. REGISTRAR'S SI	GNATURE MIDSON Pandel	2.				



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAY 1 4 '90

32. REGISTRAR'S SIGNATURE

whice Tairdoon Randove

1 - STATE REGISTRAR		STATE OF MAR			TMENT OF		MENTA	L HYGIENI REG. NO.	E		
1. DECEMBENT'S NAME (First	H	NeAL 5. SEX 6. A	05.00			IF UNDER 24 HRS.	MONT 5		ح (	10	TIME OF DEATH
none	er.	1 M 2 F	GE (in yrs. les	YRS.	MONTHS DAYS	HOURS MIN.	(Mont	th, Day, Year)	1925	Country)	land
9e. FACILITY NAME (If not in					9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	Y OF DEA	тн
Suburban H	-	al			В	ethesda			Mon	tgom	ery
RESIDENCE OF DEC	10b. COUNTY	,		10c CIT	. TOWN OR LOCA	ATION				110	0d. INSIDE CITY
England	Herts				St. Alba						LIMITS?
10e. STREET AND NUMBER					10	of, ZIP CODE			10g. CITIZE	N OF WN	AT COUNTRY?
7 Hawthori	n Way					AL 2-31	BE		Engl	and	
11. MARITAL STATUS  1 Never Merried 2 3  Wildowed 4 Divo		12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 X	RMED NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 22 NO Specif	nn, Puarto		or No—		- American Indian, White, atc. White
15. DEC	EDENT'S EDU	CATION completed)	16e. OE	CEDENT'S	USUAL OCCUPAT	ION post of working	168	b. KIND OF BUS	INESS/INDUS	STRY	
Elementery/Secondary (		College (1-4 or 5+) 5+	He	cient	e retired.)			Tropi	cal M	edic	ine
17. FATHER'S NAME (First, M Arthur Wi		Neal				18. MOTHER'S NA Mabe	-	Middle, Meiden	Surname)		
19a. INFORMANT'S NAME (	Type/Print)		19	b. MAILING	AOORESS (Street	and Number or Rural	Route Nurr	nber, City or Town	n, State, Zip C	ode)	
Beatrice Ma	ary Nea	al		7 Haw	thorn W	ay, St.	Alba	ans, En	gland	AL	2-3BE
20e. METHOD OF DISPOSIT 1 ☐ Burlel 2 □ Cremetic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	oval from Stata	other pi	lace)		emetery, cremetory or atorium,	Inc.		cation – cii hesda	•	n, State ryland
21. SIGNATURE OF FUNERA		ENȘEE			22. NAME /	AND ADDRESS OF FA	CILITY				
Ratu	mt:	Farrak	_ M(	0198	Rober 300 Rock	t A. Pum West Mon ville. Ma	ohrey Lgome arvla	y Funer ery Ave and 20	al Ho nue 1850-2	me/R 805	lockville, Inc.
23. PART i. Enter the d shock, or h		complications that can List only one cause of			not anter tha m	oda of dying, suc	ch aa car	rdiac or reapi	ratory arres	it,	Approximata Interval Between
IMMEDIATE CAUSE (FI	nal										O
I disease or condition		8	+	0		· the	0	1274	124	e -	Onset and Death
disease or condition resulting in death)	$\rightarrow$	DUE TO (OR)	AS A CONSE	OUENCE O	ao	ntic	a	we	ury	Sm	Onset and Death
resulting in death)  Sequentially list condit If any, leading to imme	tions,	DUE TO (OR				ntie	0	· Wa	ury	Sm	Onset and Death
resulting in death)  Sequentially list condit	tions, ediata	b	AS A CONSE	OUENCE O	F):	nte	0	L L L	ury	Sm	Onset and Death
Sequentially list conditions and the sequential sequent	tions, ediata ING ury	bDUE TO (OR	AS A CONSE	OUENCE O	F):	my the	0	· va	ury	Sm	Onset and Death
Sequentially list conditions, list any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust initiated events	tilons, ediata ING ury	b. DUE TO (OR c. DUE TO (OR	AS A CONSE	OUENCE OF	F):			24a. WAS AN PERFOR	AUTOPSY MED?	24b. V	Onset and Death  WERE AUTOPSY FINDINGS RAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions in the conditions of the conditions o	tilons, ediata ING ury	b. DUE TO (OR c. DUE TO (OR	AS A CONSE	OUENCE OF	F):			24s. WAS AN PERFOR	AUTOPSY MED?	24b. W	WERE AUTOPSY FINDINGS NALLABLE PRIOR TO DOMPLETION OF CAUSE
Sequentially list conditions, leading to immediate the conditions and the cause. Enter UNDERLY CAUSE (Disease or Injust initiated events resulting in death) LASPART II. Other significations	tions, didata iling iling ury  ST ant condition	b. DUE TO (OR c. DUE TO (OR	AS A CONSE	OUENCE OF	F): F): In the underlyl	ng causa givan in	n Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	24b. W	WERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions in the conditions of the conditions o	tions, didata iling iling ury  ST ant condition	b	AS A CONSE	OUENCE OF	F): In the underlyl 26. OTHER:	ng causa givan ir	n Part I.	24a. WAS AN PERFOR 1   YES 2	AUTOPSY MED?	24b. W	WERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted in the cause and the cause of	tions, didata iling iling ury  ST ant condition	b. DUE TO (OR c. DUE TO (OR d. HOSPITAL: 1   Inpetient 2   ER	AS A CONSE  th but not  'Outpatient :	OUENCE OF	F):  In the underlyi  26.  OTHER: 4   Nursing H.  IE OF   28c. II	ng causa givan in  PLACE OF DEATH (Come 5 ☐ Reeldence	heck only o	24a. WAS AN PERFOR 1   YES 2	AUTOPSY MED?	24b. V	WERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAST PART II. Other significations are supported by the conditions of the condit	tions, didata iling iling ury  ST ant condition	b. DUE TO (OR c. DUE TO (OR d	AS A CONSE  AS A CONSE  th but not  Outpetient:	OUENCE OF	26. OTHER: 4   Nursing Ho	ng causa givan in  PLACE OF DEATH (C  ome 5  Reeldence  NJURY AT  FORK?  ONES 2  NO	heck only of Oth	24s. WAS AN PERFOR 1 YES 2  one)  or (Specify)  ESCRIBE HOW I	AUTOPSY MED?	24b. V	WERE AUTOPSY FINDINGS MALLABLE PRIOR TO MALLABLE PRIOR TO DEPLIENCE OF DEATH?    YES 2   NO
Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuration initiated events resulting in death) LAS  PART II. Other significations are sequentially significations. The signification is sequentially significated by the signification in the signification is sequentially significated by the signification is sequentially significant to the signification is sequentially significant to the significant sig	ant condition  TO MEOICAL	b. DUE TO (OR c. DUE TO (OR d. HOSPITAL: 1   Inpetient 2   ER	AS A CONSE  AS A CONSE  th but not  'Outpatient :  INRY — At h.	OUENCE OF	26. OTHER: 4   Nursing Ho	ng causa givan in  PLACE OF DEATH (C  ome 5  Reeldence  NJURY AT  FORK?  ONES 2  NO	heck only c	24a. WAS AN PERFOR 1   YES 2	AUTOPSY MED?	24b. V	WERE AUTOPSY FINDINGS MALLABLE PRIOR TO MALLABLE PRIOR TO DEPLIENCE OF DEATH?    YES 2   NO
Sequentially list condit from, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injit that initiated events resulting in death) LAS  PART II. Other significations are significations. PART II. Other significations are significated as a signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the s	ent condition  TO MEDICAL  Pending investigation  Could not be determined	DUE TO (OR  DUE TO	AS A CONSE  AS A CONSE  th but not  'Outpetient ;  JURY — At h  Knowledge, d	OUENCE OF COUNTY OF THE COUNTY	26. OTHER: 4   Nursing H: IE OF   28c.    URY M   1   street, factory, offe	ng causa givan in  PLACE OF DEATH (C.  PLACE O	heck only of 5 Oth 28d. DE 28f. LO City	24a. WAS AN PERFOR 1 YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2	AUTOPSY MED?  NJURY OCCU	24b. W	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  Unto Number,
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injit that initiated events resulting in death) LAS  PART II. Other significations are significations and significations are significations. The signification is significated by the signification of the signification in the signification is significated by the signification is significated by the signification is significated by the significant significant in the significant signific	ediata ING ING ant condition TO MEOICAL  Pending Investigation Could not be determined  ITIFYING PHYS DICAL EXAMINE	DUE TO (OR  DUE TO	AS A CONSE  AS A CONSE  th but not  'Outpetient ;  JURY — At h  Knowledge, d	OUENCE OF COUNTY OF THE COUNTY	26. OTHER: 4   Nursing H: IE OF   28c.    URY M   1   street, factory, offe	ng causa givan in  PLACE OF DEATH (C.  PLACE O	heck only of 6 Oth 28d. DE 28f. LO C/t/j	24a. WAS AN PERFOR 1 YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2  The YES 2	NJURY OCCU	24b. W	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  Unto Number,
Sequentially list conditions, leading to immediate the conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or Injurithat initiated events resulting in death) LASPART II. Other eignifications and the conditions of the	ediata ING ING ant condition TO MEOICAL  Pending Investigation Could not be determined  TIFYING PHYS DICAL EXAMINE E OF DERTIFIE	DUE TO (OR  DUE TO	AS A CONSE  AS A CONSE  th but not  'Outpatient :  INRY — At h  (Specify)  knowledge, d  nation end/or	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OUENC	F):  26.  OTHER: 4 ON DURSHING HOLE FOR 28c. II URY M 1 ON 1 ON 1 ON 1 ON 1 ON 1 ON 1 ON 1	PLACE OF DEATH (Come 5 Recidence NJURY AT ORK?  1) YES 2 NO lice te end place, end du death occured at the	heck only of 6 Oth 28d. DE 28f. LO City e to the cree time, def	24s. WAS AN PERFOR 1 TYPES 2  Ther (Specify)  ESCRIBE HOW I  CATION (Street yor Town, State)  Buse(e) end mainteend place, er	NJURY OCCU	24b. V	WERE AUTOPSY FINDINGS RMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  Une Number,  end manner ee stated.  Month, Day, Year)



PHYSICIAN:

BY

BE COMPLETED

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident
3 Suicide

4 Homicide

								90	14468		
	1 - FOR STATE OF N			TMENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH 3. TIME OF DEATH					
	John M.			NIXO	n	May	1 1901	EAR )	0630 M		
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. le:	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLA	CE (State or Foreign		
	213-24-4643 MM20F	60	YRS.	MONTHS DAYS	HOURS MIN.	6-22-19	29	Country)	larylland		
	9a. FACILITY NAME (If not institution, give street and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH							
œ	PENINSULA GENERAL HOSPIT		SALI	I COM							
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT		SALI	3001(1, 1	DATE TO THE	W100/1100					
E	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATE	ON			. INSIDE CITY				
10	Maryland Queen Anne		Ce	entrevi	lle			13	YES 2 NO		
7	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEI	OF WHAT	COUNTRY?		
ER/	Bloomingdale Road		2.	1617	U.S.A						
3	44 MADITAL STATUS 42 WAS DECEDEN	T EVER IN U.S. AF	RMED		11	IC ORIGIN? (Specify Ye		BACE _ /	IACE - American Indian		
	1 Never Married 2 Merried FORCES? 1	NO	If yes, spe	city Cuban, Mexican 2 NO Specify		Black, White, etc.					
BY	3 Widowed 4 Divorced		1 123	2 A NO Specify			орвану.	Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16b. KIND OF BU	ISINESS/INDUS	TRY							
	Elementary/Secondary (0-12) College (1-4 or 5 -										
7	12	N	one								
ON	17. FATHER'S NAME (First, Middle, Last)		arme		18. MOTHER'S NAI	WE (First, Middle, Maide.	n Surname)				
	Noah L. Nixon			211	Lillie	McDan	iel				
BE	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Stool at		loute Number, City or To	wn, State, Zip Co	ode)			
5	Mamie Ricks	0.1	Box249	Trappe.	Md. 21	673					
	20s. METHOD OF DISPOSITION	20b, PLACE	OF DISPOS	SITION (Name of com			DCATION - CIT	v or Town.	State		
	Buriel 2 Cremetion 3 Removal from State	Dame	aradise Cemetery				Trappe, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Taro	MILD		D ADDRESS OF FAC						
	1111 1 00	1-	-				821 W				
	Bladys B. S.	Leura	rt			Stewart			21801		
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one can	t caused tha d	aath. Do i	not anter tha mod	ta of dying, auci	n aa cardiec or rea	oiratory arres	٤,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final	0.						Onset and Death			
	The state of the s	epsis						¥.	5 days		
		(OR AS A CONSE	OUENCE O	F):			1,1				
~											
0	Sequantially list conditions,  If any, leading to immediate		9	-							
AT	cause. Entar UNDERLYING										
H	CAUSE (Disease or Injury C. DUE TO										
F	resulting in death) LAST										
CERTIFICATION	d										
	PART II. Other aignificant conditiona contributing to	death but not	reaulting	in tha underlying	cause given in		N AUTOPSY PRMED?		RE AUTOPSY FINDINGS ULABLE PRIOR TO		
20	quadraplegia.					1 🖂 YES		CO	MPLETION OF CAUSE DEATH?		
MEDICAL	0 1 4								YES 2 NO		
_											

29d. DATE SIGNED (Month, Day, Year)

5

90

26. PLACE OF DEATH (Check only one)

HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: ng Home 5 - Residence & - Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED

28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY

5 Pending investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. (Check only one)

MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 3085

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) K. P6HMC Silvia Jr MD

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 

1 -	FOR STATE REGISTRAF
	11201011111

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			C	ERTIF	ICATE OF	F DEATH	D IIIEIO II	REG. NO	).			
1. DECEOENT'S NAME (First,	Middle, Last)							E OF DEATH			3. TIME OF DEAT	ГН
Rose Josephi	ine Pa	scarella					MON	lay 2	AY	1990	1:15	Ам
4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DATE	E OF BIRTH		8. BIRTH	PLACE (State or Fo	preign
137-14-0673		1 🗆 M 2 💢 F	85	YAS.	MONTHS DAYS	HOURS MIN	Jan	1. 25,	1905	Atla	tic City,	N.J.
9a. FACILITY NAME (If not ins	titution, give s	treet and number)			96. CITY, TOWN	OR LOCATION OF			9c. COL	INTY OF D	EATH	
Leland Me	moria	1 Hospit	a 1		River	dale				PG		
RESIDENCE OF DEC	EDENT											
Maryland	Princ	e George	's	Wes	t Hyatt	sville					10d, INSIDE CITY LIMITS? 1 X YES 2	
10e. STREET AND NUMBER					- 1	101. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
2023 Rittenl	house	Street				20782			U.S	.A.		
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS D	ECENDENT OF HIS	SPANIC ORIG	IN? (Specify Ye	e or No-	14. RACE	- American Indi	en,
1 Never Married 2 1			MAR OR DATES	NO		specify Cuban, Me ES 2 X NO Sp		Ricen, etc.)		Speci	t, White, atc.	
3 Widowed 4 Divon	ced										White	
15. DECE (Specify only	DENT'S EDU	CATION completed)		(Give kind of	WORK done during i	TION most of working	16	b. KIND OF BU	ISINESS/IN	DUSTRY		
Elementery/Secondary (0-		College (1-4 or 5	+)	ite. Do NOT u	ise retired.)							
6th Grade	N	one	Ho	memak	cer		(	Own Ho	me			
17. FATHER'S NAME (First, Mic	ddle, Last)					18. MOTHER'S	NAME (First,	Middle, Maider	Sumama)			
Camillo DeAr	ngelo					Lena	LaPe	sta				
THE INFORMANT'S NAME ?	Print)			19b. MAILING	3 ADDRESS (Stree	t and Number or Ru	urel Route Nur	mber, City or To	vn, State, Z	ip Code)		
Eleanor R.	Kutzne	Daugh	ter)	2023	Rittenh	ouse St	reet,	West	Hyatt	svil	le, Md.	2078
20a. METHOD OF DISPOSITA	ON	1		E OF DISPO	SITION (Name of	cemetery, cremetory	or	20c. L	OCATION -	- City or To	wn, State	
1 □ Burtal 2 X Commetto 4 □ Donation 5 □ Ottor	Bowcity)	1/0	Metr	opoli	ltan Cre	matory		Ale	xandr	ia,	Virgini.	a
21. SIGNATURE OF PUREFUE	авячисячи	chippen /	1/		22. NAME	AND ADDRESS OF	F FACILITY	0 7		1 17	TD 4	
1 N/ Till	/~	1 15	1			cis Gas					-	
23. PART I. Enter the die		7. / 74	1 par	dooth Do		Baltim						
hock, or he	eart failure.	List only one ce	use on each li	ne.	not enter the n	nede or dying,	such ss ce	raiec or reel	Hratory e	rreat,	Approxim Interval B	etween
IMMEDIATE CAUSE (Fine disease or condition	el									Onset sn	d Desth	
resulting in dasth)	<b>→</b>	a. Caro	Cardiae arrest									
		DUE TO	acult Myocardial Interchin									
Sequentially list condition	ons,	b. Due To	100 10 1 0000	- 7			V'	1/00	616			
if sny, leading to immed cause. Enter UNDERLYII	fleta	DOE IC	DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Diseese or injur		C. DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									
that initisted events resulting in death) LAST		502 10	Daibie Contract of the									
		d/	Leipe	ra	terd	- Ju	in					
PART II. Other significes	nt condition	ne contributing to	deeth but not	t resulting	In the undarly	ing cause giver	n in Part I.	24a. WAS A		246	. WERE AUTOPSY F	INDINGS
									RMED?		MAILABLE PRIOR COMPLETION OF	
								1 TYES	2   NO		OF DEATH?	
											1   YES 2	MO
25. WAS CASE REFERRED TO	MEDICAL				28	PLACE OF OEATH	1 (Charle nate	onel				
EXAMINER?		HOSPITAL:			OTHER:							
27. MANNER OF DEATH		1 (% Inpatient 2		3 L DOA		ome 5 Resider	7		IN HIEW O	DOMES		
	Pending	(Month,	Day; Year)		JURY	WORK?		ESCRIBE HOW	INJUNT O	CCORED		
I DALCOUNT	investigation	200 BLACE	OF IN HIPV A	hama dam		YES 2 NO		AATION (O.				
	Could not be determined	building	, etc. (Specify)	nome, rarm,	street, factory, of	TICO		CATION (Street ty or Town, State		er or mural :	Houte Number,	
		i										
	IFYING PHYS	ICIAN: To the best o	f my knowledge,	death occur	red at the time, d	ate and place, and	due to the c	ause(a) and m	enner as st	sted.		
one) 2 MEDI	CAL EXAMINE	ER: On the beele of	examination end/o	or linewigeti	lon, in my opinion	, death occured at	t the 1ime, de	te and place, a	nd due to	the cause(	e) end manner as	stated.
296. BIGNATURE AND TOLE	OF CERTIFIE	H	AND 100	11	90000	29s. LICENSE	NUMBER		29d. 0/	TE SIGNED	(Month, Day, Year)	
Ker	rale	hy 1	my	100	MO.	S. C. S. C.				5/2	190.	
30. NAME ANO ADDRESS OF	PERSON WH	O COMPLETED CAL	JSE OF DEATH (M	TEM 273 (Typ	e, Print)	-	_		/ .	2	-	
6/20	1 6	2NDOVI	DP	01	5	AND.	11/2	D	141	)		

32. REGISTRAR'S SIGNATURE Fundage Pandage

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAY 0 4

'90

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

0	20		
ğ	6		
-	ä		
8	5		
쁜	5		
10	6		gļ
2	용		ä
B	28		Ħ
8	즼		E
1	益		틯
2	93		=
1	ğ		Ä
10	Ħ		Ħ
8	See of		=
4	120		ii.
eath	fune		шез
b re	the s	9	6
aff	3	DE	II Ca
OURS	=	20	med
4 h	fillec	'n,	96
in 2	6	Папо	=,
N.	ple	Cre	/en
ted	00	ig.	
Xect	Due .	na	aff
8	an	2	E
ate t	ysic	bud	F
tifica	B	eue	the
8	din.	2	0 1
ath	men.	Tai	6 ,
9	9	Men	三
t t	by	D	E
#	P .	5	am
nires	Sign	Hea B	8
requ	De.	0	윭
A.B	S D	ept.	23
age of	e ha	te D	E
- N	ficat	Sta	=
CA	Dect.	a a	0
HYS	Jis C	A ST	pe,
6 9	De th	5	hart
S	A.	dea	E 8
TEN	DR	Her	88
AM	REC	Sur	E
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page in may be maintened by the hospital or attended by	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sage 5 should be detached for use as the by	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at owner.
R	RAL	1 72	=
SS	SNE		AM
T.	市	N De	F
1	TE	i file	F
F	F	ă	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		STATE OF MA			TMENT OF	HEALTH AND	MENTA	L HYGIENE			
1. OECEOENT'S NAME (First, Jame)		lton Pr	offit	t	1		2. DATE MONT	OF DEATH	- 90 <sup>YE</sup>	AR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 240-46-2840 98. FACILITY NAME (If not ins		1 XM 2 - F	AGE (In yrs. 57	last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	06-	of Birth h, Day, Year) -04-32	8. I	orti	ACE (State or Foreign
1152 Poole	Road	et end number)				inster	EAIN		Carr		n
Maryland	10b. COUNTY	11 County	7		y, town on Loc stminst						d. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 1152 Poole	Road				1	ON. ZIP CODE 2115	57			U.S.	A.
11. MARITAL STATUS 1 Never Merried 2 💥 ( 3 Widowed 4 Divor	Merried	12. WAS DECEDENT I FORCES? 1 [] IF YES, GIVE WAS	YES 2	ARMED NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 (A) NO Specifi	n, Puerto		or No- 14.	Black, ¥ Specify:	American Indian, thite, etc.
15. DECE (Specify only Elemantary/Secondary (0-	DENT'S EDUCA highest grade co	TION ompleted) College (1-4 or 5+)						elton			ice
17. FATHER'S NAME (First, Mic	PATHER'S NAME (First, Middle, Last) David Dewett Proffitt							Middle, Maiden S			
Sandra K. I	Sandra K. Proffitt  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State Zip Code) 1152 Poole Road Westminster, MD 21157										
a, METHOO OF DISPOSITION    Pauriel 2   Cremetion 3   Removal from State     Donetion 8   Other (Specify)									lle, MD		
21. SIGNATURE OF FUNERAL		P. Hais	fet		Haig	ht Fune: sville, N	ral	Home   784 (	(P.O. 301)-7	Box 195-	195) 1400
23. PART I. Enter the disabook, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	art fallure. Li	st only one cause		ine.		ode of dying, suc	ch aa car	diec or respi	etory arrest	,	Approximate interval Batwee Onset and Daar
b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. d.											
PART II. Other aignificat	nt conditione	contributing to d	esth but no	t resulting	in the underly	ng cause given in	Part i.	24e. WAS AN PERFOR 1 TYES 2	MED?	C	ERE AUTOPSY FINDING: MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2   NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			26. OTHER:	PLACE OF DEATH (C	heck only o	ne)			
1  YES 2 NO  27. MANNER OF DEATH  1 Netural 8	Pending	1 Inputient 2 Inpu	JURY	28b, TIM	AE OF 28c. II	NJURY AT YORK?  YES 2 NO	v	er (Specify) SCRIBE HOW II	JURY OCCUR	ED	
3 Suicide 8	rvestigation Could not be letermined	26s. PLACE OF building, et	INJURY — At c. (Specify)	home, farm,	street, factory, of			CATION (Street a or Town, State)	nd Number or i	Rural Rou	te Number,
anal and						ite end place, and du				Buse(e) e	nd manner as stated.
29b. SHEMATURE OF TITLE	OF CERTIFIER	1 Kom	5			29c. LICENSE NU					forth, Day, Year)
31. DATE FILED (Month, Day,	4-1	Conits	·								
MAV S		32. REGISTRAR	ia David	bon Pa	ndess						

83141 00

3. TIME OF DEATH

Α

8 20

90

5. SEX

Dorothy

4

PAYNE

RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	146	
in 24 nours at	physician.	Ľ,
been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per at House and Marrial Housean order to burial cremation, or removal	e burial-transit permit	2
pt. of Health and western hygiene prior to series, storingers, of the art.		١

	4. SOCIAL SECURITY NUMBER 578-18-8732A	5. SEX	6. AGE (In yrs. less		IF UNDER 1 1	EAR IF UN	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 02 28	02	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give st		88	YRS.	ah CITY TI	OWN OR LOC	ATION OF D		02	Virginia NTY OF DEATH		
Œ			VITED .				ATTON OF DI	SAIT!				
5	PRINCE GEORGE HOSE		VIEK	1		/ERLY			LPKII	NCE GEORGE		
DIRECTOR	Maryland Princ	e George	e's	7.1	e. city, town on location Hyattsville					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [X] NO		
A	10e. STREET AND NUMBER			10f. ZIP CODE					10g. CITI	ZEN OF WHAT COUNTRY?		
FUNERAL	5805 42nd Ave. #						780			S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married   FORCES? 1 YES   IF YES, GIVE WAR OR DAT			lt y	S DECENDEN es, specify Co YES 2 XI	ban, Mexica	IIC ORIGIN? (Specify \ n, Puarto Rican, atc.) /:		14. RACE — American Indian, Black, Whita, etc. Specify: Caucasian		
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+) (Gi	lve kind of a Do NOT us		ing most of wo	orking	16b. KIND OF B		od Store		
COMPL	10th	N/A	Ass	sista	int Ma	_	200					
	17. FATHER'S NAME (First, Middle, Last)	7.7						ME (First, Middle, Maid NCE Pearso				
B	Jeremiah Cockre	1.1	191	h. MAILING	ADDRESS (			Route Number, City or 1		Code)		
입	Rev. Harry Carrel	1								e, Fla. 32259		
	20a, METHOD OF DISPOSITION		20h PLACE	OF DISPO	SITION (Name	of cometons	ommetony or	200		City or Town, State		
	12 Surial 2 ☐ Cremation 3 ☐ Remo	oval from Stata	Arli	ngto	n Nat	ional	Cemet	ery Ar	lingt	on, Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AND ADD	RESS OF FA	cility Lee	Fune	ral Home, Inc.		
	Devanne Q	Sal	es )		6	633 O	ld Ale	exander Fe	rry R	d Clinton, Md		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  12. NAME AND ADDRESS OF FACILITY  12. NAME AND ADDRESS OF FACILITY  13. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  13. IMMEDIATE CAUSE (Final disease or condition												
	disease or condition resulting in death)	. Re	Shin	CL TO	57Y	C	rre	st		Onset and Daal		
_	Rectal bleeding											
CERTIFICATION	Sequantially liat conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	OUENCE O	PF:	10	1-	1				
S	CALISE (Disease or Injury											
造	that initiated events reaulting in death) LAST	AL	O (OR AS A CONSE	DUENCE C	DF): 11	2 41						
빙	d. 112 tale to ballation.											
MEDICAL	PART II. Other aignificant condition	a contributing to	death but not i	reaulting	in the und	arlying caus	e given in	Part i. 24a. WAS PERF	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING: AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
回			-							1 TYES 2 NO		
Σ							-	—				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			eck only one)				
	EXAMINER?	1 Inpatient 2	ER/Outpatient 3		4 🗆 Nursir	ng Home 5	Residence	6 Other (Specify)	V IN HIRV OC	CHRED		
PHYSICIAN:	EXAMINER?  1  YES 25 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 V Inpatient 2		28b. T#	4 🗆 Nursir	8c. INJURY A	Residence		V INJURY OC	CURED		
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year) OF INJURY — At he	28b. TH	4 Nursir ME OF 2 JURY M	8c. INJURY A WORK?	Residence	6 Other (Specify) 28d. DESCRIBE HOT 28f. LOCATION (Stre	it and Number	CCURED  or or Flurel Route Number,		
TED BY PHYSICIAN:	EXAMINER?  1   YES 2 5 NO  27. MANNER OF DEATH  1   Netural 5   Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	4 Nursir ME OF 2 JURY M	8c. INJURY A WORK?	Residence	6 Other (Specify) 28d. DESCRIBE HO	it and Number			
ETED BY PHYSICIAN:	EXAMINER?  1 YES 25 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	28a. DATE O (Month, 28a. PLACE building	F INJURY Day, Year)  OF INJURY — At he j, atc. (Specify)  of my knowledga, de	28b. TH IN	4 Nursing ME OF 2 DURY M street, factor	se. INJURY A WORK?  1 YES  y, office	Rasidence T 2 NO	6 Other (Specify)  28d. DESCRIBE HOT  28f. LOCATION (Streetly or Town, Streetly or T	et and Number te)	r or Rural Route Number,		
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SKRNATURE AND TITLE OF CERTIFIER	28a. DATE O (Month,  28a. PLACE building  CIAN: To the best of ER: On the basic of	FINJURY Day, Year)  OF INJURY — At he, atc. (Specify)  of my knowledge, de axamination and/or	28b. Till IN ome, farm, eath occur. Investigati	4 Nursing ME OF JURY M street, factor	Bc. INJURY A WORK?  1 YES  y, office  e, date and p	Rasidence T 2 NO	6 Other (Specify)  28d. DESCRIBE HOL  28f. LOCATION (Stre City or Town, Ste  to the cause(s) and re time, date and place,	et and Number te) nenner as ata and due to ti	r or Rural Route Number,		
E COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 25 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SISNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	28a. DATE O (Month,  28a. PLACE building  CIAN: To the best of the basic of the bas	FINJURY Day, Year)  OF INJURY — At he of the control of the contro	28b. Till IN ome, farm, eath occurrinvestigati	ME OF JURY M street, factor red at the time lon, in my opi	e, date and p	Rasidence T 2 NO lace, end dur coured at the	6 Other (Specify) 28d. DESCRIBE HOT 28f. LOCATION (Stre City or Town, Ste to the cause(e) and re time, date and place,	net and Number te)	r or Rural Route Number, sted. the cause(a) and manner as stated.		
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SKRNATURE AND TITLE OF CERTIFIER	28a. DATE O (Month,  28a. PLACE building  CIAN: To the best of  CR: On the basis of  COMPLETEO CA	FINJURY Day, Year)  OF INJURY — At he of the control of the contro	28b. Till IN Dome, farm, path occurrinvestigati	ME OF JURY M street, factor  red at the tim ion, in my opi  o, Print)  X La.	e, date and p	Rasidence T 2 NO lace, end dur coured at the	6 Other (Specify)  28d. DESCRIBE HOL  28f. LOCATION (Stre City or Town, Ste  to the cause(s) and re time, date and place,	net and Number te)	r or Rural Route Number, sted. the cause(a) and manner as stated.		

---

DIVISION OF VITAL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law
TO THE RINFRAI DIRECTIOR After this perificate has

.3

DHMH-16 Rev 1/89

3	8	
pe	pino	
retair	Sho	
2	96	
тау	r, pa	
9	ecto	
Pag	i di	
ath.	Juera	
er de	the fi	लं
afte	3	OLL S
DOUTS	무	00
47	alle tile	ou,
TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATIOUTS after death. Page 6 may be retained by :	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	remat
ed ×	Omo	, C
ecut	pu	Barrie
e ex	an a	8
ite b	ysici	DUG
tifica	D D	ene
Cer	nding	P P
feath	atte	rutal
the (	the	Me
hat	d by	and
res t	igne	ealth
inbe	en s	Of H
AMP.	s be	ept.
Je J	e ha	te D
N.	ficat	Sta
SICI	cert	the
PHY	this	WILL
NING	After	leath
LENC	OR:	fter (
A	E	IS 32
. DR	DIR	700
MIN	RAL	27
105	UNE	VIEW
포	3 3H	ed v
10 T	10 T	De fi

APR 30 '90

ED MD - 10

		FOR	STATE OF MARY	TAND /	NEPART	MENT OF H	IFAITH AND I	MENTAI	HYGIFN	F	U	144/0	
		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	THE OF MAIN			CATE OF		2. DATE	REG. NO.			TIME OF DEATH	
		Hilda	н.	POFFE	ENBER	GER		Apri	1 27,	<b>1</b> 990	YEAR 1	1:00 A M	
(1		4. SOCIAL SECURITY NUMBER 214-36-0388	1 DM 2 DF 76	E (In yrs. lest	YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE ( (Month	Day, Year)	913 I	country) Rohres	CE (State or Foreign	
2. 3	TOR	9a. FACILITY NAME (if not institution, give str Washington Count RESIDENCE OF DECEDENT				Hagers	TOWN	EATH			of DEAT		
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Maryland Washin	ngton			nrersvi					3.00	1. INSIDE CITY LIMITS? X YES 2 NO	
1SI	ERAL	10e. STREET AND NUMBER				10	1. ZIP CODE				S. A	T COUNTRY?	
ding physician. the burial-transit	BY FUNER	11. MARITAL STATUS  1 Never Married 2X Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I				If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specifi	in, Puerto F				American Indian, hita, etc.	
MARTICAND ALCOSTOR  be retained by the hospital or attending  pe 5 should be detached for use as the  e notified at once.	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Gi	ve kind of wo Do NOT use		ost of working		KIND OF BU				
		12 17. FATHER'S NAME (First, Middle, Last) Howard Daniel H.	avnes	As	SSISU	ant Pos	18. MOTHER'S NA	ME (First, A			rce		
		19a. INFORMANT'S NAME (Type/Print)	_		Alvert						, 79		
y be		Harold C. Poffen	12	20b. PLACE	OF DISPOSI	ITION (Name of ce	metery, crematory or	csv11	20c. LO	CATION — C	Ity or Town,	State	
9 9 9		4 Donation 5 Other (Specify)		Pleás	sánt '	View Ce	metery NO ADDRESS OF FA	CB ITV	Roh	rersv	ille,	Md.	
e funeral al.		John H. Bast	1 1 the 15.				FUNERAL I					o Pike	
7+ hours aft filled in by tion, or remo		23. PART i. Enter the diseases, or canock, or heart failure. Le immediate CAUSE (Final disease or condition resulting in death)					eding					Approximate interval Batween Onset and Death	
2 5 5 5 6		Sequentially liet conditione,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
cian be		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)											
ding tygie		CAUSE (Disease of Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST											
. 0 . 0 =		PART ii. Other aignificant conditions	contributing to death	hut not r	esultina is	n the underlyin	o cause given in	Part i	24a, WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS	
requires that hen signed by of Health and thows amy	: MEDIC	Congetiv	Heart	Joyl	lure			_	PERFO	RMED?	AM CC Of	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
N: The law icate has be State Dept.	Ĭ.	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF OEATH (C/	heck only or	10)				
SICIAN: The certificate h the State (	SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputlent 2   ER/O	outpatient 3	□ DOA	OTHER: 4  Nursing Hor	ne 5 🗆 Residence	6 🗆 Othe	r (Specify)				
NG PHYSICIA feer this certification with the marked, or	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea		28b. TIME INJU	URY W	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW	INJURY OCC	URED		
DINISTORY  DR ATTENDING I  DIRECTOR: After hours after death		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S		me, farm, s	treet, factory, offi	CO		ATION (Street or Town, State		or Rural Rout	e Number,	
7 72 -		29a. CERTIFIER 1 CERTIFYING PHYSIC cne) 2 MEDICAL EXAMINEI	CIAN: To the best of my kn									nd manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: IL	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	h4000	_			29c. LICENSE NU D 214	MBER S 7		29d. DATE	SIGNED (M	onth, Day, Year)	
	2	ABOUL WAIT		- 16	M 27) (Type,	OAK H	il Ave.	HAG	ERST	OWN	· m	>	

TO BE COMPLETED BY FUNERAL DIRECTOR

## DIVISION OF VITAL RECORDS. TO THE HOSPITAL DR AT TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item 3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

VISION OF VITAL RECORDS, F.O. BOA 13146,	DALI INONE, MANTLAND 21203-3140
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	r death. Page 6 may be retained by the hospital or attending physician.
ECTOR: After this certificate has been signed by the attending physician and completelycd in by the funeral director, page 5 should be detached for use as the burial-transit permit.	ie funeral director, page 5 should be detached for use as the burial-transit permit. P
irs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al.
m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	or or moure but		MENT OF H		MENTAL HYGIEI REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
James E.	Price	,			April 1			A"
4. SOCIAL SECURITY NUMBER 5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or For Country)	
218-14-9436A XX		3 4 YRS.			06/17/0	5 Ba	altimore,	MD
Memorial Hosp	,			R LOCATION OF DE	AIN	Talb		
RESIDENCE OF DECEDENT	LCAL		Las	LOII		lail	)OL	
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	- 1
Maryland Queen .  100. STREET AND NUMBER	Anne's		Cheste				1  YES 2 1	40
CONTRACTOR SERVICES	Mana Talan	77	. 101	ZIP CODE			OF WHAT COUNTRY?	
	Marlin	S. ARMED	13. WAS DEC	21619 ENDENT OF HISPAN	IC ORIGIN? (Specify Y		SA RACE — American India	n.
IE INSTITUTE INTERIOR INTERIOR	PRCES? 1 YES :		If yes, spi		n, Puerto Rican, atc.)		Black, White, atc. Specify:	"
3 🔀 Widowed 4 □ Divorced				- A			white	
15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed) 16	Give kind of wo life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF B	JSINESS/INDUST	TRY	
Elementary/Secondary (0-12) Colle-	ge (1-4 or 5+)		,	l Vacht	Captain		Chinning	
17. FATHER'S NAME (First, Middle, Last)	I.	acmini	sc allo		Gaptain  ME (First, Middle, Maide		Shipping	
unknown					Price	77.1.2		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street e		Route Number, City or To	wn, Statu, Zip Co	de)	
Arthur E. Price		1807	Angles	ide RD	Fallst			
20g, METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal fro	20b. P	LACE OF DISPOSIT	TION (Name of cer	netery, crematory or	20c. L	OCATION — City	or Town, State Ken	t C
4 Donation 5 Other (Specify)	We	sley C	hapel	Cemeter	ry Ro	ck Hal	ll, MD	-
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	116.			D ADDRESS OF FAI Helfent		eral H	Homes, PA	- 1
Chomas K. He	Contrein		Rt.	1 Box	66B, Ch	ester,	MD 216	19
23. PART i. Enter the dieeesee, or complications shock, or heart fellure. List on	cetions that caused the	he deeth. Do no h line.	ot enter the mo	de of dying, suc	h se cerdiec Dr ree	piretory errest	t, Approxime	
IMMEDIATE CAUSE (Finel	•		1	•			Onset end	
disease or condition resulting in deeth) s	-4 4 4							
resulting in death)	Tesh	i alne	7 C	ulme				
resulting in deetily	DUE TO (OR AS A C	onsequence of	0 5	ulme	1- 1.	.0	400	
Sequentially list conditions, b	DUE TO (OR AS A CO	astrie	o b	ulue	failn	ھ	4da	p
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	conc	astrie	nuos	ulue enet uhāl	failn	a din	+da	rs.
Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	conc	SEQUENCE OF)	nivor	ulue ent uhal	failn uifo	a div	+da 5la	2- 2-
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	SEQUENCE OF)	nivor	ulue ent udal card	failn uifo (wesen)	a cliv	+da 5lan in 1/5	r
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF)	nyor		Part i. 24a. WAS A	N AUTOPSY	+da 5 da 5 da 2 1/5	
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A O	ONSEQUENCE OF)	nyor lustic	g cause given in	Part i. 24a. WAS A		AVAILABLE PRIOR COMPLETION OF C	ro
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions cont	DUE TO (OR AS A O	ONSEQUENCE OF	nyor lustic	g cause given in	Part i. 24a. WAS A	N AUTOPSY ORMEO?	AVAILABLE PRIOR	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A O	ONSEQUENCE OF	nyor lustic	g cause given in	Part i. 24a. WAS A	N AUTOPSY ORMEO?	AVAILABLE PRIOR COMPLETION DF C OF DEATH?	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the	DUE TO (OR AS A COUNTY OF THE TO (OR AS A CO	ONSEQUENCE OF	nyord levotic the underlying make	g cause given in	Part i. 24s. WAS A PERFI	N AUTOPSY ORMEO?	AVAILABLE PRIOR COMPLETION DF C OF DEATH?	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the continued to the continued to the continued to the continued to the continued to the cause of	DUE TO (OR AS A COUNTY TO COME TO (OR AS A COUNTY TO COME TO (OR AS A COUNTY TO COUNTY	ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ON TO COMMENT OF THE COMMENT OF T	the underlying the un	g cause given in	Part i. 24s. WAS / PERFit 1 YEB	N AUTOPSY DRMID? 2 NO	AMAILABLE PRIOR COMPLETION OF COFFICE THY?	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the	DUE TO (OR AS A COUNTY OF THE TO (OR AS A CO	ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ON TO COMMENTE OF THE COMMENT OF	the underlying the un	g cause given in	Part i. 24s. WAS / PERFo	N AUTOPSY DRMID? 2 NO	AMAILABLE PRIOR COMPLETION OF COFFICE THY?	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the	DUE TO (OR AS A COUNTY CONTROL OF INJURY (Month, Day, Year)	ONSEQUENCE OF)  ONSEQUENCE OF)  ONTE OF THE PROPERTY OF THE PR	the underlying the un	G CRUSE GIVEN IN	Part i. 24a. WAS / PERF: 1 YEB  sck only one) 8 Other (Specify) 28d. DESCRIBE HOW	N AUTOPSY ORMEO?	AMAILABLE PRIOR COMPLETION DF COF DEATH?  1 YES 2 P	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continue continu	DUE TO (OR AS A COUNTY)  DUE TO (OR AS A COUNTY)  DUE TO (OR AS A COUNTY)  FINAL:  PORTAL:  P	ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)	the underlying the un	G CRUSE GIVEN IN	Part i. 24s. WAS / PERFit 1 YEB	N AUTOPSY DRINGO? 22 NO 2 INJURY OCCUR	AMAILABLE PRIOR COMPLETION DF COF DEATH?  1 YES 2 P	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the significant conditions conditions continued to the significant conditions continued to the significant conditions continued to the significant conditions c	DUE TO (OR AS A COUNTY OF THE PLACE OF INJURY DUIlding, stc. (Specify)	ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)	the underlying the un	G cause given in	Part i. 24s. WAS A PERF. 1 YEB  ack only one)  8 Other (Specify)  28d. DESCRIBE HOW  City or Town, Ste	N AUTOPSY DRMPO? 2 NO 1 INJURY OCCUP 4 end Number or	AMAILABLE PRIOR COMPLETION DF COFEATH?  1 YES 2 P	TO AUSE
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the cause of the continued to the continued to the continued to the cause of the continued to the continued to the continued to the cause of the continued to the cause of the continued to the cause of the continued to the cause of the caus	DUE TO (OR AS A CONTINUE TO (O	onsequence or)  not resulting in  lent 3 DOA  28b. TIME INJU  At home, farm, st	the underlying the un	G cause given in	Part i. 24s. WAS A PERF. 1 YEB  ack only one)  8 Other (Specify)  28d. DESCRIBE HOW  City or Town, Street  to the cause(e) and many street	N AUTOPSY DRMEO? 2 NO I INJURY OCCUP t and Number or	AMAILABLE PRIOR COMPLETION OF COFFICE THE PRIOR COMPLETION OF COFFICE THE PRIOR COMPLETE	ro Ause
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the	DUE TO (OR AS A CONTINUE TO (O	onsequence or)  not resulting in  lent 3 DOA  28b. TIME INJU  At home, farm, st	the underlying the un	ACE OF DEATH (Chee 5 Residence URRY AT RK?  e end place, and due death occured at the	Part I. 24a. WAS / PERF- 1 YEB  ack only one)  a Other (Specify)  28f. LOCATION (Street City or Town, Steet)  to the cause(e) end in time, date and place,	N AUTOPSY PRIMED? 2	AMAILABLE PRIOR COMPLETION DF COOPLETION DF COOPLETION DF COOPLETION DF COOPLETION DE COMPLICION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE	ro Ause
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the continued of the	DUE TO (OR AS A CONTINUE TO (O	onsequence or)  not resulting in  lent 3 DOA  28b. TIME INJU  At home, farm, st	the underlying the un	G cause given in	Part I. 24a. WAS / PERF- 1 YEB  ack only one)  a Other (Specify)  28f. LOCATION (Street City or Town, Steet)  to the cause(e) end in time, date and place,	N AUTOPSY PRIMED? 2	AMAILABLE PRIOR COMPLETION OF COFFICE THE PRIOR COMPLETION OF COFFICE THE PRIOR COMPLETE	ro Ause
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the continued of the	DUE TO (OR AS A CONTINUE TO (O	ONSEQUENCE OF)  ONSEQUENCE OF)	the underlying the un	ACE OF DEATH (Ch.  LACE OF	Part I. 24a. WAS / PERF- 1 YEB  ack only one)  a Other (Specify)  28f. LOCATION (Street City or Town, Steet)  to the cause(e) end in time, date and place,	N AUTOPSY PRIMED? 2	AMAILABLE PRIOR COMPLETION DF COOPLETION DF COOPLETION DF COOPLETION DF COOPLETION DE COMPLICION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE	ro Ause
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions continued to the	DUE TO (OR AS A CONTINUE TO (O	ONSEQUENCE OF)  ONSEQUENCE OF)	the underlying the un	ACE OF DEATH (Ch.  LACE OF	Part I. 24a. WAS / PERF- 1 YEB  ack only one)  a Other (Specify)  28f. LOCATION (Street City or Town, Steet)  to the cause(e) end in time, date and place,	N AUTOPSY PRIMED? 2	AMAILABLE PRIOR COMPLETION DF COOPLETION DF COOPLETION DF COOPLETION DF COOPLETION DE COMPLICION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE	ro Ause

FE 11:15

ALLS HE HES LA

g agon and in their decreasing the

		FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEI REG. NO				
_	1	1. DECEDENT'S NAME (First, Middle, Last)	Delores (NMN	) Philli	ps		2. DATE OF DEATH		3. TI 90 7:	ME OF DEATH	
		224-03-8392	1 🗆 M 2 💢 F	yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) October 1	2,1919	Vir	E (State or Foreign ginia	
2	TOŘ	90. FACILITY NAME (If not institution, give stre SOUTHERN Md. RESIDENCE OF DECEDENT	Hospital	Ctr.	96. CITY, TOWN O	N LOCATION OF DE	ATH	9c. COUNTY		reorge's	
3062	рівестой	100. STATE 100. COUNTY Maryland Charl	Les		, town or locat dorf	ION				INSIDE CITY LIMITS? YES 2 X NO	
usu berun	FUNERAL	100. STREET AND NUMBER Box 147 AA. Elsa		•	101	20603		10g. CITIZEI	A .	COUNTRY?	
5 should be detached for use as the bunat-transit permit. Pages 9, notified at once.	B		U.S. ARMED 2 XNO TES	If yes, spi		IC ORIGIN? (Specify Y n, Puerto Rican, etc.)	es or No 14	Black, White Specify: Wh	merican indien, ite, etc.		
NOT USE as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo n retired.)	st of working	16b. KIND OF B	USINESS/INDUS	TRY		
at once.	COMPL	10th  17. FATHER'S NAME (First, Middle, Lest)  Lee	Wood	Ammuniti	on mgr		ME (First, Middle, Maide				
notified	TO BE	196. INFORMANT'S NAME (Type/Frint)  James Phillips			ADDRESS (Street a		loute Number, City or To				
must be		20e. METHOD OF DISPOSITION 1 TR Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	ral from State	other place)	CE OF DISPOSITION (Name of cametery, crematory or 20c, LOCATION —						
by the tuneral director, page smoval.  Ilcal examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Williams Funeral Home, Inc.  Rt. 225 & Glymont Rd. Indian Head, Md.									
on, or re		23. PART I. Enter the decese, or concendence, or heart feliume. Li IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)			2	de of dying, such		piretory arree	ot,	Approximate interval Between Onset and Death	
bunial,	NOI	Sequentially list conditions, If any, leeding to immediate									
Hygiene prior or other trau	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.									
A and	MEDICAL	PART II. Other significent conditions	patting to death be	ut not resulting in	not resulting in the underlying ceuse given in Part I. 24a. WAS AF PERFO				RMED? AVAILABLE PRIOR TO		
he State Dept.	PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF DEATH (Ch			<u> </u>		
eath with the S marked, or		27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ	URY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOV	V INJURY OCCU	REO		
s after death	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, a	treet, factory, offic	•	261. LOCATION (Stree City or Town, Ste		Rural Route	Number,	
THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health iMPORTANT: If I Item 28 is marked, or Item 23 shows an	COMPLET	anal and	IAN: To the best of my knowl : On the basis of examination							menner ee stated.	
TO THE FUNER be filed within IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  William J.	Octaen	na)	to >	29c. LICENSE NUI	ABER	29d. DATE 5	SIGNED (Mon	nth, Day, Year)	
	۲	9131 PiscATA		Clinton	u, mo	2073	5				
		MAY 1 0 90	32. REDISTHAR'S SIGN	don-Randell	2						

1 072

\_ 6

21 3 at

he hos	detach	once.
7	2	to
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hos	3 THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach if filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	6.5	2
пау р	r, pag	st be
9 e 6	lirecto	L mu
th. Pa	neral d	mine
e deal	he fur	exa
s afte	by t	dica
TOOR	lled in	am e
in 24	tely fi	l, #
d with	mplet I, crer	even
ecute	and co	atic
De e	cian s	mne.
ficate	physine pr	her t
n cert	nding Hygie	or ot
death	e atte	uny,
at the	by th	y in
es th	gned afth	s an
requir	of He	Show
Mel	Dept.	23
E.	cate	item
SICIA	certifi	10
PHY	this with	rrked
DING	After	S me
TTEN	after after	28
OR A	DIREC	tem
M	32	=
HOSPI	UNEF	ANT
THE	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORT
-	(C) (C)	- 96

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)			0, 1, 2, 0			OF DEATH		3. TIME OF DEATH			
	MICHAEL ARCHANGEL H	PERNA				MAY		990 YEA	8:00 PM			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH	8. BI	RTHPLACE (State or Foreign			
1	060-16-2043 1  9a. FACILITY NAME (If not institution, give street	M 2 F 74	YRS.	9b. CITY, TOW	HOURS MIN.	AUG	UST 15		ENNSYLVANIA F DEATH			
1	10204 PIERCE DRIVE			SILVER	SPRING			MONT	GOMERY			
DIRECT	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	ATION				10d. INSIDE CITY LIMITS?			
	MARYLAND MONTGO  100. STREET AND NUMBER	MERY	SILV	ER SPR					1 YES 2 NO			
FUNERAL	10204 PIERCE DRIVE	2. WAS DECEDENT EVER IN	II S ADMED	12 140 0	20901 ECENDENT OF HISPAL	NIC OBION	13 (Pacalty Mac	USA	ACE — American Indian,			
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 V NO	If yes,	apocify Cuban, Mexica ES 2 NO Specif	ın, Puarto F		S	lack, White, etc. pecify: HITE			
TED	15. DECEDENT'S EDUCAT: (Specify only highest grade con	npleted)	TION most of working	16b.	KIND OF BUS	INESS/INDUSTR						
PLE		College (1-4 or 5+)	ARCHITE	CT								
COMPLET	17. FATHER'S NAME (First, Middle, Last)		AVCULL	11.1	18. MOTHER'S NA	ME (First, A	Viddle, Maiden	Surname)				
BEC	LOUIS PERNA				ELTZA	RETH	ROMAN					
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural			ı, State, Zip Code				
F	RITA M. PERNA	(WIFE)	10204	PIERCE	DRIVE S	ILVE	R SPRTI	NG. MARY	LAND 20901			
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remova  4 Donetion 5 Other (Specify)	from State	other place)		cometery, crematory or			CATION — City o				
	21. SIGNATURE OF FUNERAL SERVICE LICENT		RKLAWN C		AND ADDRESS OF FA	CILITY	LROC	KVILLE,	_MARYLAND			
	1 Trancis A	allins	h	FRAN	CIS J. CO	LLINS						
	23. PART I. Enter the diseases, or con	plications that caused	the deeth. Do n	ot enter the r	node of dying, suc	h as card	flac or respi	ratory arrest,	MD 20901 Approximate			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellute. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  a. Cancer of prostate with metastases.  Due to (or as a consequence or):											
NOI	Sequentially list conditions,											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury											
EH	that initiated events resulting in death) LAST											
AL C	PART II. Other significant conditions of	contributing to death bu	it not resulting is	n the underly	ing cause given in	Part I.	24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
DIC							PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC									1 TYES 2 NO			
ä												
PHYSICIAN:		IOSPITAL:		OTHER:	PLACE OF DEATH (C/	neck only on	10)					
YS	1 YES 2 NO 1	Inpatient 2 ER/Outpa			ome 5 Residence	,	* * * * * * * * * * * * * * * * * * * *					
	1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY	NJURY AT WORK? YES 2 NO	28d. DE	SCHIBE HOW II	NJURY OCCURE	' I			
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Special	— At home, farm, a	treet, factory, o	ffice		ATION (Street of Town, State)	and Number or Ru	ral Route Number,			
E I	20s CERTIFIER											
COMPLETED	(Check only one)  2 MEDICAL EXAMINER:	_							se(e) end manner as stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIER	11 1)			29c. LICENSE NU	MBER		29d. DATE SIG	NED (Month, Day, Year)			
0	Noymond Dra	dshaw. 1	MD		200	873		Man	13,1998			
5	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)				V	20901			
	RAYMOND BRADSHAW.			Y BOUL	EVARD, WE	ST S	SILVER	SPRING	MARYLAND			
	RAYMOND BRADSHAW.	32. REGISTRAR'S SIGNA	TURE Pandel	2								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
IN: The law requi	ficate has been s State Dept. of H	item 23 show	
OR ATTENDING PHYSICIA	DIRECTOR: After this certil hours after death with the	item 28 is marked, or	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: It	

1 - STATE REGISTRAR		SIAIE UF I		) / DEPAR CERTIF				MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (Fin				2				2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
10.0		T. PENDI						5-1	1-	90	0145
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign y)
	9e. FACILITY NAME (If not institution, give stre			1 M 2 X F 62 YRS.				NOV.18,19	-		SYLVANIA
90. FACILITY NAME (# not WASHINGTON RESIDENCE OF DE	ADVEN'		ITAL				A PARK	EATH		MONTO	GOMERY
10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR	OCATIO	ON				10d. INSIDE CITY
MARYLAND	PRING	CE GEORGE		TAF	KOMA P	ARK					LIMITS?
10e. STREET AND NUMBE	R				.0141 2	_	ZIP COOE		10g. CIT	IZEN OF V	VHAT COUNTRY?
506 ETHAN	ALLEN A	AVENUE					2091	2	113	SA	
11. MARITAL STATUS 1 Nover Merried 2 [ 3 Widowed 4 December 1		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	If y	s, spec	NDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)		14. RACE Black Speci	E — American Indian, c, White, etc.
	CEDENT'S EDU		16a	. DECEDENT'S	USUAL OCCI	JPATIO	ν	16b. KIND OF BU	ISINESS/IN	<u> </u>	7110 11111
(Specify of Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5		Me. Do NOT u			of working				
		4	S	CHOOL	TEACH	ER		EDUCAT			
17. FATHER'S NAME (First,							16. MOTHER'S NA	ME (First, Middle, Malder	Surname)		
NEVIN TIP								KENNEY			<u></u>
190. INFORMANT'S NAME								Route Number, City or Tox			
EDMOND T.		TON (HUSE	_			_	N AVENU				LAND 20912
20e. METHOD OF DISPOS  1X Burlel 2 Creme  4 Donation 5 Oth	ion 3 🗆 Rem	oval from Stata	othe	er place)			etery, crematory or CEMETE		TTENI		wn, State MARYLAND
21. SIGNATURE OF FUNE		CENSEE		CILIMID	22. NA	ME AN	AOORESS OF FA	CILITY			
$\gamma$	. 0	- 00						LLINS FUNE			
// New	nus	ollens	-79					Y BLVD.,W.			
23. PART I. Enter the ahock, or	diseaaes, pri heart fallum.	Complications the	it caused the	ilna.	not entar th	a mod	la of dying, suc	ch as cardiac or resp	oiretory a	rreat,	Approximata Interval Between
IMMEDIATE CAUSE (F	inei	1	1 T	= /							Onset and Death
reculting in death)	$\rightarrow$	. LIVE	O T	au	116						TNOW 045
Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eignifi	cant condition	na contributing to	death but n	not reaulting	in the unde	rlylng	causa given in		RMED?	245	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL	носвіта				28. PL/	ACE OF DEATH (C)	heck only one)			
1 TES 2		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER:	g Home	5 🗆 Residence	6 Other (Specify)			
	1 Natural 5 Pending (Month, E				JURY	ic. INJU WOF 1   Y	łK?	26d, DESCRIBE HOW INJURY OCCURED			
2 Accident 3 Suicide a [ 4 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY — I , atc. (Specify)	At home, farm,	street, factor	, offica		28f. LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,
11/19	DICH EXMIN	ER: On the basie of					ath occured at the		and due to	the couse(	s) and manner as stated,
29 SIGNITURY AND TIT	OF CERTIFIE	in .	7			- 1	29c. LICENSE NU	MEER	29d, DA	TE BRONE	- (Mouth, Dwy, Year)

BENSWGER MC

32. REGISTRAR'S SIGNATURE
Suka Savidson-Randon

31. DATE FILED (Month, Day, Ybar)
MAY 1 6 '90

the hos	detache		once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
e reta	6 5 5		not	
may b	r, pag		st be	l
9 e 6	lirecto		r me	ŀ
h. Pa	eral d		mlne	
r deat	he fun	al.	ехэ	L
rs afte	by t	remov	dica	
NO.	illed it	n, or	e me	l
hin 2	stely 1	matio	it, th	l
ed wi	omple	al, cre	ever	l
execut	and (	o buri	natic	ŀ
e pe	sician	prior t	traur	١
rtifical	of phy	Jene	ther	l
ath ce	tendir	al Hy	00	١
the de	the a	Ment	njun	
that t	ed by	th and	any I	
quires	ngis (	Heal	OWS	l
W rec	beer s	pt. of	3 sh	
The k	te has	ate De	em 2	
SIAN:	rtifica	he St	or It	
HYSI	this ce	with t	ked,	
NING P	After t	death	mar	
TEND	TOR:	after (	28 Is	
OR AI	DIREC	NOUIS	tem	
PITAL	ERAL	121	E H	
HOS	FUNE	WITH	HTAN	
D THE	O THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPO	
-	-	0	=	1

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT			D MEI	NTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  Allen Wille	Allen Wildard	d Plumm	er		2.	DATE OF DEATH MONTH 05 -04	11-90	AR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218-16-0624	5. SEX 6. AGE (In yrs. las:	YRS. IF UNDE	DAYS	IF UNDER 24 HR	18. 7. I	DATE OF BIRTH	L	Nary)	ACE (State or Foreign yland		
OR	Shady Crove	Adventist Hosp		ROL	BERVIII	I iei	Md. Stury			omery		
E .	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCA	TION			_	10	Od. INSIDE CITY		
DIRECTOR	Maryland	Montgomery	Ga	ith	ersbur	g			1	LIMITS?		
AL	10e. STREET AND NUMBER		-	10	f. ZIP CODE					AT COUNTRY?		
FUNERAL	18821 Watkins				2	2087	79	US	SA			
B∀	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES WW II		If yes, ap		xicen, Pu	ORIGIN? (Specify Yes uarto Rican, etc.)	or No- 14.	Black, V	- American Indian, White, atc. Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2 th	completed) (G	cedent's usual of work done by NOT use retired.	during me	ost of working	or	166. KIND OF BUS		RY			
ME	17. FATHER'S NAME (First, Middle, Last)		CCMent				(First, Middle, Maiden					
	George W. Plu	mmer					lett A.		ier			
) BE	19a. INFORMANT'S NAME (Type/Print)	190			and Number or A	ural Floute	Number, City or Town	, State, Zip Co.	de)	20879		
2	Alethea C. Plu	mmer (wife)	18821 W	atk	ins Mi	.11	Rd., Ga	aithe	csb	urg, MD		
	20a. METHOD OF DISPOSITION PCPBurlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	ovel from State 20b. PLACE other pli Brool		e C	emeter	y	Gait		our	g, MD		
	21. SIGNATURE OF FUNERAL SERVICE OF	Inonde	S S	now now	den Fu ville,	r FACILIT Inei MI	7al Home 20850	e, P.1	A .			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or least failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition and content of the content of											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Cerebral Metastasis  Leviral Metastasis  Put To (or as a consequence or): Additional Colon  Additional Metastasis  Put To (or as a consequence or): Additional Metastasis  Put To (or as a co											
Z	Sequentially list conditions			1 8	1 col	12-				8 910		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	OUE TO (OR AS A CONSE	QUENCE OF):	6						0		
FIC	CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS A CONSE	OUENCE OF):							İ		
FI	resulting in death) LAST	d.										
	PART II. Other algolficent condition	as contributing to death but not	resulting in the	ındariyir	a ceuse alver	o In Per	rt I. 24s. WAS AN	ALITOPRY	245 W	VERE AUTOPSY FINDINGS		
CAL	0.1+1	litus, Strok			ensi		PERFOR	MED?	A	MAILABLE PRIOR TO		
ED	Princolon	concer 20 yrs	000				1 TYES 2	NO		OF DEATH?		
2	-		8				-			G 120 1 G 110		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH	(Check	only one)					
YSI	1 VES TO NO	1 inpatient 2 ER/Outpatient 3	DOA 4 N		ne 5 🗆 Reelde	nce 6 🗆	Other (Specify)					
F	27. MANNER OF OEATH  1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	W	JURY AT ORK?		id. DEȘCRIBE HOW I	NJURY OCCUP	ED			
BY	Accident investigation	26s. PLACE OF INJURY — At he	<u></u>		YES 2 NO	-	I. LOCATION (Street a	and Number or	Rural Roi	ute Number.		
ED	4 Homicide 6 Could not be	building, etc. (Specify)		,			City or Town, State)					
COMPLETED	2se. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
	296. SIGNATURE AND TITLE OF GERTINE	R)	)		29c. LICENSE			29d. DATE S		Month, Day, Year)		
TO BE	Brush E.	Ville he	/ Man da - 2:		013	383	2	> //	Mo	ay 90		
	30. NAME AND ADDRESS OF PERSON WI	TO COMPLETED GAUSE OF DEATH (ITE	m 2.13 (RVD0, PTINE)							r		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

d E. Dillin MD.

32. REGISTRAN'S SIGNATURE
Gisha Davidson Andolo

15+1

31. DATE FILED MAY, 40%, 100

57711 03

.

E ×

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		REGISTRAR		CERTIF	ICALE OF	DEATH	REG.	NO.	
		1. DECEDENT'S NAME (First, Middle, Last)  Margaret	Dack	MARGARE	T U. P.	ACK	2. DATE OF DEAT	TH DAY	YEAR 3. TIME OF DEATH
	1			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	15	8. BIRTHPLACE (State or Foreign
	į,	216 64 2842	□ м 2 ¥Д F	\$6 YRS.	MONTHS DAYS	HOURS MIN.	S/19/	703 W	ashington, DC
		9a. FACILITY NAME (If not institution, give street	,			OR LOCATION OF DE			INTY OF DEATH
DIRECTOR		HOLY CHOSS MOSA	Tal		>, we	- Spri	ng	740	ntsomery
l i		10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	and the	-0		10d. INSIDE CITY LIMITS?
		M3 Mon To	gomeny	· Si	Iver-	Sprin	8		1 YES 2 NO
FUNEBAL		100. STREET AND NUMBER 2821 HATRAL	vary Tel	rrace	1	2090	6		S.A.
1		11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	If yes, s	CENCENT OF HISPAN pecify Cuban, Maxican	. Puerto Rican, at		14. RACE — American Indian, Bleck, White, etc.
×		3. Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 NO Specify	•		white
E		15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON pleted)	16a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during n se retired.)	ION osl of working	16b. KINO O	F BUSINESS/IN	DUSTRY
E			ollege (1-4 or 5+)	Homem.		300	At H	lome	
COMPI FTED		17. FATHER'S NAME (First, Middle, Last)		1101110111	anci	18. MOTHER'S NAI	ME (First, Middle, M	aiden Surname)	
RF C		Charles F. Uppe	rcue			Miriam			n
D B		19a. INFORMANT'S NAME (Type/Print)				and Number or Rural F			
١۴		Patricia Roach		8308					MD. 21701
		20a. METHOD OF DISPOSITION  The Buriel 2 Cremation 3 Removate 4 Donation 5 Other (Specify)	from State	other place) arklaw	n Ceme	tery			City or Town, Stata
		21. SIGNATURE OF FUNERAL SERVICE LICENS		TT a	22. NAME	NO ADDRESS OF FAC	JERAL H	OME.	TNC.
_		KENDALL BUF	THEI VANC	nal	254	Carroll	St. N	.W Wa	INC. shington DC
Γ	7	23. PART I. Enter the diseeses, or com shock, or heart feliure. List	plications that cause	d the deeth. Do	not enter the m	ode of dying, eucl	n as cerdiac or	reepiratory er	rrest, Approximate
		IMMEDIATE CAUSE (Finel							Onset and Death
		diseese or condition resulting in death)	pu/mo.	h h - g	Emi	20/05			2 day
,			DOE TO (OR AS	CONSEQUENCE O	c).				į '
CERTIFICATION		Sequentielly list conditions, it any, leeding to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):				
A C		CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	5.				
T.		thet initieted evente reculting in deeth) LAST	50E 10 (0K A3 /	A CONSEQUENCE O	c).				į
	- 11	a					- I		
FDICAL		Frature Ry			in the underlyi	ng ceuse given in	PI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Į,		Arreno sylenos	_		/- A.	10000	—   ¹□ Y	ES 2 NO	OF DEATH?
2	. и		(1,70)	0000000	ar wit		_		1 TES 2 NO
IAN		25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN		34	OSPITAL:  Inpetient 2 ER/Out	petient 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Realdence	6 Other (Specif	y)	
H		27. MANNER OF DEATH  1- Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		JURY V	JURY AT PORK?	28d. DESCRIBE	HOW INJURY OF	CCURED
Š		2 Accident Investigation	26a. PLACE OF INJUR	- 3/	-	YES 2 NO	281 LOCATION O	Street and Number	er or Rural Route Number,
COMPI ETEN		3 Suicide 6 Could not be 4 Homicide detarmined	Hoylding, etc. (Spe	ocify)	attract, ractory, or		City or Town,	State)	WE MD 2096
u o		29s. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my know	wledge, death occur	red at the time, de	te and place, and due	to the cause(s) ar	nd manner as st	0
C		amal	On the basis of examination	on and/or investigati	on, in my opinion	death occured at the	time, date and pla	ce, and due to	the cause(a) and menner as stated.
u		29b. SIGNATURE AND TITLE OF CERTIFIER	1 a Depui	my med	ical	29c. LICENSE NUI			TE SIGNEO (Month, Day, Year)
9	- 11	meadane	inl s	Xami	nar	1018	52	P -	113190
1		PAUL A. DEVORE	FMD 420	3 DUGGA	WADELY.	RoadHy	uttsvil	le Mi	20781
		31. DATE FILED (NOTAY) 1 (90)	32. REGISTRAR'S SIO	MATURE MANOR	love.				

7LAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

,	1. DECEDENT'S NAME (First,		PARKE	TRICIA	L PA	RKER				2. DATE OF D	DEATH	ν,	YEAR	3. TIME OF DEATH	
	PATRICIA  4. SOCIAL SECURITY NUMBER		5, SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF B	IRTH	7	990 8, BIRTHE	PLACE (State or Foreign	
	036-18-2142		1 M 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De)	(, Year)	17	Country		
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	Jan.3	. 19		NTY OF DE		
NO.	Suburban Ho					Ве	th.					М	lont.		
딥	RESIDENCE OF DEC	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY	
DIRECTOR	MD	Mon	t.		Be	thes	da							LIMITS?	
AL	10e. STREET AND NUMBER						10	of. ZIP COD	E			10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
ER/	7601 Honeyw	ell La	ne					2081	.4				U.S.A	١.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.				NC ORIGIN? (S <sub>i</sub>		or No-	Black.	- American Indian, White, atc.	
BY	1 Never Married 2 1 Nicons Microsoft 1 Nicons Married 2 Nicons Microsoft 1 Nicons Microso			MAR OR DATES	X		1 🗌 YE	S 2 📉 NO	Specify				Specif	White	
		EDENT'S EDUC		16a.	DECEDENT'S	USUAL C	CCUPAT	ION		16b, KIN	D OF BUS	SINESS/IN			
COMPLETED	Elementary/Secondary (C	y highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	aunng m	iost or work	ng						
MP			4		Homen	Homemaker						m Ho	me		
8	17. FATHER'S NAME (First, M					18. MOTHER'S NAME (First, Middle, Maid						Surname)			
BE	Warren Lest		re		105 114 11 114	ADDDE	O (D)			nce L1		o State 7	in Code)		
2	Constance P.							m #1		Houte Number, C	aty or low	n, Stare, Zi	p Cooe)		
	20a. METHOD OF DISPOSIT	ION		20b. PLA	CE OF DISPO						20c. LO	CATION -	City or Tox	vn, Stata	
	1 ☐ Burlal 2 ☼ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata		gomer	y Cr	ema	tory			Bet	hesd	a, MI	)	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSES					22	NAME /	nh Ga	SS OF FA	CILITY S SOD					
Joseph Gawler's Sons, Inc 5130 WI Ave. NW Wash., Do							0016								
	23. PART i. Enter the d		empilcetions the			not ente	r the m	ode of dy	ing, suc	h es cerdisc	or respi	ratory a	rrest,	Approximata interval Batween	
	IMMEDIATE CAUSE (FI	nel	111 100-10-1											Onset end Death	
	disease or condition reaulting in deeth)	$\rightarrow$	a. Con	dia	Arry	+									
											7/1100				
CERTIFICATION	Sequentially list condit if eny, leeding to imme		b. D. Co	OR AS A CON	SEOUENCE (	my opethy								Tyeon	
CAT	ceuse. Enter UNDERLY CAUSE (Disease or inju	ING	C			,									
E	that initiated eventa resulting in death) LAS		DUE TO	OR AS A CON	SEOUENCE (	F):									
H	resulting in death, End		d												
	PART II. Other algnifice	ent condition	s contributing to	death but no	t resulting	in the u	ınderlyi	ng ceuse	given in	Part i. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
MEDICAL										1(	YES 2	No		COMPLETION OF CAUSE OF DEATH?	
-	gr —————									_		_		1   YES 2   NO	
AN	05 W 0 0405 DESERVED	D MEDICAL	<u> </u>												
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 WHO	IO MEDICAL	HOSPITAL:		a □ pos	ОТНЕ	R:			eck only one)					
H	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TI	WE OF	28c. If	YJURY AT	taaldenca	8 Other (Sc 26d, DESCRI		NJURY O	CCURED		
	T	Pending Investigation	(Month,	Day, Year)	110	JURY M		VORK?	□ NO						
D BY		Could not be	28e. PLACE building	OF INJURY — AI	home, farm,	atreet, fe	ctory, off	lce		28f, LOCATIO	ON (Street		er or Rural F	loute Number,	
ETE	4 Homicide determined building, atc. (Specify)														
COMPLET	(CINDON ONLY /		CIAN: To the best of												
SON	2 MEC	EXAMINE	R: On the basis of	examination end	or investigat	lon, in my	opinion,	death occi	ured at the	time, date and	l place, ar	nd due to	the cause(a	) and manner as stated.	
BE	29b. SIGNATURE AND TITLE	E OF CERTIFIE	1111		w			29c. LIC	CENSE NUI	WBER 8 S		29d. DA	- 1	(Month, Day, Year)	
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAL	JSE OF DEATH	TEM 27) (Ton	e. Print)		112	- 3				510	1/90	
- 1	Thomas Gol				, . , .		Ch	ase.	MD 2	0815					
	31. DATE FILED (World), Day	Year)	32 REGISTS	AR'S SIGNATUR	E		5110		2						
	MAY T C	) 3U	guha	Davidson	-Randa	20_									

6

permit. Pages 1, 2,

cremation, physician and completely ne prior to burlal, crematic traumatic death certificate be injury, or other Hygiene the attending p RECORDS, P. law requires that the signed by the has been se Dept. of H Item 23 The State certificate the with this L OR ATTENDING P. DIRECTOR: After the hours after death visem 28 is mark DIVISION

FUNERAL ( within 72 h TANT: If It HOSPITAL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II

BE

2

Ö

OF VITAL

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY VEAR Harry

4. SOCIAL SECURITY NUMBER Pic. ke ++ 16 8. BIRTHPLACE (State or Foreign 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 M 2 F YRS Maryland 8 26 14-18-2667 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number 9h CITY TOWN OR LOCATION OF DEATH Baltimore Co.Gen.Hospital Randallstown Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 Sykesville 1 TYES 2 1 NO FUNERAL 10a. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1225 Fanny Dorsey Road 21784 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2 2 K NO White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 165 KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)
5 VIS. College (1-4 or 5+) yrs. Laborer none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Grace M. Ridgely Harry E. Pickett F notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Shrilda E. Pickett 1225 Fanny Dorsey Rd. Sykesville, Md. 21784 e 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata must rgan Chapel Cemetery Woodbine, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY examiner Burrier Funeral Home Winfield, Maryland 21784 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximata shock, or heert failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition DUE TO (OR AS A CONSEQUENCE OF): Arrest event, 1 resulting in death) Failure DUE TO (OR AS A CONSEQUENCE OF): Sequantielly list conditions, If any, laeding to immediate ceuse. Enter UNDERLYING CERTIFICAT OUE TO (OR AS A CONSEQUENCE OF): LUMS Disouse CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? shows a 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🗌 Suicide COMPLETED 8 Could not be 4 Homicide

29a. CERTIFIER

The control of the cause (a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

02908

,0 Bullimone 32. REGISTRARIS SIGNATURE
Julia Davidson-Randales 31. DATE FILEO (Month, Day, Year) '90 MAY 11

DHMH-16 Rev 1/89

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH DAY

ND 21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

		1. DECEOENT'S NAME (First, Middle, Last)  GALE DEA	N PEAL	Gale	e Dean	Peak		2. DATE OF DEA	DAY	YEAR	12:15 m
		4. SOCIAL SECURITY NUMBER 218-05-4159	5. SEX 6. AGE	(In yrs. last i		NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, )	(bar)	Country)	CE (State or Foreign
should	~	9e. FACILITY NAME (If not institution, give str	reet and number)				OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	
1, 2, 3	DIRECTOR	HARFORP MEMO	RIAL HOS	SPITI		IAVRI		GRACI	HA	RFOI	
. Pages 1,	OIRE	Maryland Harfo	ord		Havre						1. INSIDE CITY LIMITS? YES 2 P NO
t permit.	3AL	10e. STREET AND NUMBER					of. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?
physician. buńal-transit	FUNERAL	3653 Old Level Ro	12. WAS DECEDENT EVER I			13. WAS DE	21078 CENOENT OF HISPAN	IC ORIGIN? (Spec	offy Yes or No—	USA 14. RACE — /	American Indian,
tal or attending physician. for use as the burlal-tran	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   YES	DATES		1 🗍 YE	pecify Cuban, Mexicar S 2 X NO Specify	•			White
ital or after for use a	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of the contemporary (0-12)		(Ghr life, L	EDENT'S USUA e kind of work d Do NOT use retir	fone during m red.)			of Business/INDI		
	E COMPLE	17. FATHER'S NAME (First, Middle, Last)  John Gordon Peak					16. MOTHER'S NAI	ME (First, Middle,	Maiden Surname)	CIIC	
ay be page 5	TO B	Mary V. Peak		36	553 010	d Leve	end Number or Aural F el Rd., H	avre de	Grace,	Md. 2	
e 6 may ector, pa must b		20g METHOD OF DISPOSITION 1 LX-Burlel 2 Cremetion 3 Remo 4 Donation 8 Other (Specify)	oval from State	other plac	00)		Gardens		Bel Air,		
after death, Page 6 may by the funeral director, pa moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Y. M. Pari	was	1112	Howai	and address of fai rd K. McC Cokesbur	omas II	I Funera	1 Hom	e, P.A.
ficate be executed within 24 mours physician and completely filled in to ne prior to burial, cremation, or re- ter traumatic event, the medi	CERTIFICATION	23. PART I. Enter the diseases, or o shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		à conseque	UENCE OF):	EST BCC	_	YSEAS		1957,	Approximate Interval Between Onset and Death
that the death certi red by the attending th and Mental Hygie any Injury, or oth		PART II. Other significant condition	a contributing to death	but not re	eaulting in th	e underiyl	ng cause given in		MAS AN AUTOPSY PERFORMED?	AM	ERE AUTOPSY FINDINGS
requires that the sen signed by the of Health and M shows any Inje	MEDICAL							_ 10	YES 2 NO	OF	OMPLETION OF CAUSE F DEATH?
PHYSICIAN: The law this certificate has bu with the State Dept.	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			-		PLACE OF DEATH (Ch	eck only one)			
totan: 1 sertificat the Sta or Ite	PHYSICIAN	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Out	· ·			me 5 🗆 Residence		HOW INJURY OCC	TIREO	
After this c death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	V	VORK?	and Dayonno			
TOR: A after d after d	<b>a</b>	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, stc. (Spi	RY — At hon lecify)	ne, farm, street	t, factory, off	fice	261. LOCATION City or Town	(Street and Number n, State)	or Aurel Route	e Number,
HOSPITAL DR A' FUNERAL DIREC WITHIN 72 HOURS TTANT: If Item	COMPLET	onel	CIAN: To the best of my kno								nd menner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	BE	296. SIGNATURE AND TITLE OF CERTIFIES	'wo				D3	)/2	29d, (IATT	7/1/8	onth, Day, Year)
	2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	CATH (ITEM	27) (Type, Print	R	AUF. AG	BUTILDIT	EN VI	10	21001
		31, "ATE FILED (Month, Day, Year) MAY 1 1 189	32. REGISTRAR'S SIG	dson-A	andell,						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

07.111

Ta Ta	use	
)gg	Į.	- 1
Spi	hed	nd lan
e h	etac	uc u
N th	pe	TE I
pa	pin	60
etain	sho	E I
90	36.5	-
nay	ba.	2
9	ecto	Ē
Page	1	100
÷.	nera	Ē
r de	al fe	62
afte	Dy d	Ca
ours	in se	ned
U 5-7	filled ion,	he
ithin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fleed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
N D	ormp	2
ecut	nd c buria	atte
8	an a	E
de b	Sici	5
tifica	ene ene	the
99	Hygin	5
leath	atte	5
the	the Me	클
hat	d by	my
Les L	igne	50
edni	en s	how
ME	s be	33
1	te Date	E
AN:	lifical Sta	=
Sici	P C	9,
E	this wit	5
DING	After	E
TEN	DR:	60
A AT	RECT IIS a	E
L OF	Por	100
PITA	ERAI	<u>=</u>
FOS	FUN	TAN
THE	THE	PO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or att	23	E

	ZI T 7 A D IZMII			PL	111	DEAT		2. DATE O	F DEATH	NY .	YEAR	3. TIME OF D	
4. SOCIAL SECURITY NUMBER	ELIZABETH I s. sex		/	0	///	PS		7. DATE 0	Y 6	, 19	90	673	
212-12-3866	1 M 2 X F	6. AGE (In yrs. les	YRS.	MONTHS	DAYS	IF UNDER	MIN.	(Month,	Day, Year)	915	Count	NPLACE (State of try) RYLAND	Foreign
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE			-	NTY OF D	DEATN	
eninsula General	Hospital			Sali	sbur	у, М	D			Wic	omic	0	
RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TY		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE C	ITY
MARYLAND WIC	OMICO		SA	LISB	URY							LIMITS?	□ ND
0e. STREET AND NUMBER						ZIP CODE			-	10g. CIT	IZEN OF	WHAT COUNTRY	7
401 NEWTON TERRA						2180	1				USA	1	
I. MARITAL STATUS  Never Married 2 Married  Widowed 4 X Divorced		T EVER IN U.S. AR YES 2 X	YES 2 NO If yea, s			DECENDENT OF NISPANIC ORIDIN? (Spec , specify Cuben, Mexican, Puerto Rican, e YES 2 X NO Specify:			(Specify Yea	or No-	14. RACE — American Inc Black, White, etc. Specify: WHIT		
15. DECEDENT'S ED		18a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		18b.	KIND OF BU	SINESS/IN	DUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8	+)	ive kind of Do NOT u			st of workin	10						
7		NU	JRSE t	S AI	DE			HE	ALTH	CARE			
7. FATNER'S NAME (First, Middle, Lest)								ME (First, Mi		Sumame)			
WALTER SMULLEN  Da, INFORMANT'S NAME (Type/Print)		140						MESS:				_	
AARGIE WILKINSON								Route Number			2180	1	
0a METHOD OF DISPOSITION  (X Burial 2   Cremation 3   Re		20b. PLACE	OF DISPO	SITION (N	me of can	netery, cren	natory or	J1121 D1	_		-	own, State	
I X Burial 2 ☐ Cremation 3 ☐ Re I ☐ Denation 5 ☐ Other (Specify)	moval from State	WICC	MICO	MEM	ORIA	L PA	RK		SA	LISB	URY.	MARYL	AND
1. SIGNATURE OF FUNDAL SERVICE	Cangles	111		22.	NAME AN	D ADDRE	SS OF FA						
Demaria	12	Yle				R FU BURY		L HOM					
3. PART I. Enter the diseases, or	complications the	it caused tha de	aath. Do				_			iratory as	rrest,	Approx	imata
ahock, or haart fallure	List only one ca			1.7				. 1					Batweer
disease or condition	Con	gesti	se	He	an	t	La	elu	ne				
reading in death)	DUE TO	OR AS A CONSE											
	b												
Sequentially list conditions	DUE TO	(DR AS A CONSE	QUENCE O	F):									
If any, leeding to immediata				D.									
If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c. DUE TO	(OR AS A CONSE	DUENCE O										
f any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	DUENCE O	r).								. I	
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d,												
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d,				nderlying	g ceuse	givan in	Part I.	24s. WAS AN PERFO		24	b. WERE AUTOPS AVAILABLE PR	OR TO
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d,				nderlying	g ceuse	givan in	Part I.		RMED?	24		OR TO
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d,				nderlying	g ceuse	givan in	Part I.	PERFO	RMED?	24	AVAILABLE PR	OF CAUSE
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d,								PERFO	RMED?	24	AVAILABLE PR COMPLETION OF DEATH?	OF CAUSE
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions:  PART II. Other eignificent conditions:  EXAMINER?	d. One contributing to	e death but not	reauiting	in the u	26. PL PR:	ACE OF O	DEATH (C)	heck only one	PERFO	RMED?	24	AVAILABLE PR COMPLETION OF DEATH?	OF CAUSE
any, leeding to immediate assess. Enter UNDERLYING AUSE (Disease or Injury hat initiated events assitting in death) LAST  PART II. Other eignificent conditions  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  40	HOSPITAL: 1   Inpetient 2	death but not	reauiting	OTHE	26. PL Pt: reing Nom	ACE OF O	DEATH (C)	heck only one	PERFOI  YES  (Specify)	RMED?		AVAILABLE PR COMPLETION OF DEATH?	OF CAUSE
s any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury that initiated events assilting in death) LAST  PART II. Other eignificent conditions  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YPS 2  AO  7. MANNER OF DEATH  1 Netural 8  Pending	HOSPITAL: 1   Inpatient 2 28e. DATE O (Month,	e death but not	reauiting	OTHE	26. PL FR: reing Nom 28c, INJ W0	ACE OF O	DEATN (C/	heck only one	PERFO	RMED?		AVAILABLE PR COMPLETION OF DEATH?	OF CAUSE
1   YES 2   AO 27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2 28e. DATE 0 (Month,	death but not	3 DOA	OTHE 4 Number OF JURY	26. PL PR: reing Nom 28c. INJ WC	LACE OF 0	DEATN (C/	8 Other 28d. DES	PERFOI  YES:  (Specify)  CRIBE HOW	RMED? 2 NO NO NO NUMBER OF	CCURED	AVAILABLE PR COMPLETION OF DEATH?	OF CAUSE
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANUER OF DEATH  1 Netural 8 Pending investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	HOSPITAL: 1   Inpatient 2 28e. DATE 0 (Month,	□ ER/Outpatient : FINJURY Dey, 'bar') OF INJURY — At h., etc. (Specify)	reaulting  3 □ DOA  28b. Till IN	OTHE 4 Nu ME OF JURY M atroet, fac	28. PL R: rsing Nom 28c. INJ WO 1 U ttory, offic	LACE OF 0  Me 5 RM  URY AT  PRK?  YES 2 [	DEATN (C/	8 Other 26d. DESt 26f. LOCA City o	PERFOI  1 YES:  (Specify)  CRIBE HOW  THON (Street	RMED? 2 NO INJURY Or and Number)	CCURED er or Rural	AMILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE

32. REGISTRAP'S SIGNATURE Jandale Davidson-Randale

BENJAMINH ME MAY 10'90

DNMH-18 Rev 1/89

hould be detached for use as the burial-

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dent, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	by t	pe	100	
	peul	pino	Red	ŀ
	reta	5 84	noti	
	ay be	page	pe	
	9	otor.	ust	ı
	2age	dire	er n	
	ath.	uneral	amin	
	ter de	the fi	al ex	
	rs aft	remo	dica	
	DOG	led in	m e	ŀ
	17 U	ation	ŧ.	
,	with	nplet	vent	ŀ
	batric	f con	le e	l
	exce	to by	ımat	ŀ
	te be	sicia	ta	ı
)	tifica	g phy	ther	ŀ
	h cer	Hyg	0 L	
	deat	e afte	ury,	
	if the	by th	/ inj	
	is tha	aith a	am	ŀ
	quire	on sign	HOW	l
	WE LE	s be	13 82	
	The	te ha	ет 2	
	IAN:	tifica e Sta	or the	
	YSIC	s cer	od, c	
	G PH	er thi	arke	
	NION	: Afte	Is II	
	ATTE	CTOR	28	
-	OR /	DIRE	tem	
	TAL	PAL 22	=	
	40SP	UNE	ANT	
	THE	THE F	OFT	
	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he filed within 72 hours after death with the State Dect, of Health and Mental Hyglene prior to burlal, cremation, or removal.	H	

BY

4 Nomicide

COMPLETED

BE

2

- STATE REGISTRAR	STATE OF I				HEALTH AND	MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last		OTHY DEA	AN	Pu	isey	2. DATE O	DAY	YEAR 3.	THE OF DEATH		
221-22-3790	5. SEX	8. AGE (In yrs. les	yes.	WONTHS DAY		7. DATE OF	F BIRTN Day, Year) 24,1935	8. BIRTNPL/ Country) OHIO	ACE (State or Foreign		
9a. FACILITY NAME (If not Institution, give Peninsula General					n or location of ury, MD	DEATH		OMICO	N		
PESIDENCE OF DECEDENT  10a, STATE  10b, COUN	TY		10c, CI1	Y, TOWN OR LO	CATION			10	d. INSIDE CITY		
MARYLAND WICO	MICO			LISBURY							
10e, STREET AND NUMBER	11100		DIII	IDDUKI	101, ZIP CODE		10g, CIT	IZEN OF WHA	YES 2 X NO		
W. ZION ROAD			21801					USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 X Divorced	FORCES?	TEVER IN U.S. AR	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No						RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 12	16b. i	(IND OF BUSINESS/INI	DUSTRY								
17. FATHER'S NAME (First, Middle, Lest) CHARLES RENO		ddle, Maiden Surname) EN SURNAMI	E UNKN	OWN)							
DEBORAH CARSON  196. MAJLING ADDRESS (Street and Number or Rural Route Number) P. O. BOX 33, HEBRON, MD								p Code)			
20s. METHOO OF DISPOSITION  W Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)							DELMAR,		State		
22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME SALISBURY, MD 21801											
and the diseases, of shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Lat only the co	use on each line	<b>9.</b>				ac or respiratory ar	rreat,	Approximata Interval Betwee Onset end Dea		
disease or condition resulting in death)  a. Candia Dulmon and Arvest  Doe to (or as a donsequence of):  Aftero Sclerotice Candia Vascular  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
PART II. Other algnificant condition	on in Part I. 24a. WAS AN AUTOPSY PERFORMED?			ERE AUTOPSY FINDIN MILABLE PRIOR TO MPLETION OF CAUSI F DEATH?							
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 MAS CASE REFERRED TO MEDICAL  EXAMINER?  1 PES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 Inpetient 2 ER/Outpetient 3 DOM  4 Nursing Nome 5 Residence 5 Other (Specify)  27. MANNER OF DEATN  28. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN  28. PLACE OF DEATN (Check only one)  28. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN  28. PLACE OF DEATN (Check only one)  28. PLACE OF DEATN (Check only one)  29. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  20. PLACE OF DEATN (Check only one)  21. PLACE OF DEATN (Check only one)  22. PLACE OF DEATN (Check only one)  23. PLACE OF DEATN (Check only one)  24. PLACE OF DEATN (Check only one)  25. PLACE OF DEATN (Check only one)  26. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN (Check only one)								1	YES 2 NO		

13/90

5

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpetient 3 | Dex ng Nome 5 - Residence 6 - Other (Specify) 25a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 25b. TIME OF 26c. INJURY AT WORK? 25d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, factory, offica building, etc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide

29a. CERTIFIER
(Chack anily

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On make of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND THE CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D24986

LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO

Robert MD 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE 5/3/90 MAY

Julia Davidson-Randall

DNMH-16 Rev 1/89

x = =

(4)

2 \_ 8

e sing

-	, E
6,	within
3, P.O. BOX 13146,	macutad within
×	2
8	ificate
o.	ran
σ.	death
Ś	9
문	hat
RECORDS	OB ATTEMPINE DAVEICIAN: The law requires that the death certificate he are
Œ	AND
M	2
5	AN
I OF VITAL	DIAME
Z	INIC
3	CMD
15	Ę
DIVISION	9

i	1. DECEDENT'S NAME (First,	Middle, Last)	1 0		91					2. DATE OF MONTH	DEATH D	av .	YEAR	3. TIME OF DEATH
	MARGAR	2E7/	4 KOBO	FR75						04	28		90	7:17 PM
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. le:		IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF (Month, L	Day, Year)		Countr	
	578-26-4049		1 🗌 M 2 🔀 F	70	YRS.					July	13,			ington,D.C.
.	9e. FACILITY NAME (If not ins			11		-1			TON OF DI	EATH		-	NTY OF D	
2	SOUTH ERN RESIDENCE OF DEC	MA	YLAND	HOSPITI	91	CL	INI	ON				PRI	NCE_	GEORGES
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CITY	TOWN O	A LOCA	ION						10d, INSIDE CITY LIMITS?
ā	Maryland	Ch	arles		1	Wald	orf							1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER							ZIP COO						/HAT COUNTRY?
	809 Kenyo	on Ave						2060:					.S.A	
	11. MARITAL STATUS  1 Never Merried 2	Married		YES 2 X	NO	1 8	yes, sp	ecity Cub	en, Mexica	NIC ORIGIN? ( in, Puerto Ric		or No-	Black	American Indian, White, stc.
≽∥	3 XWidowed 4 Divor	ced	IF YES, GIVE V	WAR OR DATES		Ι,	YES	2 E3 NO	Specif.	у:			Speci	<sup>%:</sup> White
COMPLETED		DENT'S EDUC		16a, Di	ECEDENT'S L	ISUAL OC	CUPATIO	ON ast of work	ina	16b. K	IND OF BU	SINESS/INC	DUSTRY	
9	Elementary/Secondery (0-	1	College (1-4 or 5	- //	s. Do NOT use	netired.)			•		Print	ring		
₹		1 1 1 1			DII	idei								
	17. FATHER'S NAME (First, Mi		77					18. MO		ME (First, Mic				
8	William  190. INFORMANT'S NAME (7)		Keese	15	b. MAILING	ADDRESS	(Street	and Numb		1a V Route Number	City or Tow			
2	Charles E.	Rober	ts, Jr.	1	809 K	enyo	n Av	re.,	Wald	dorf,	Maryl	land	2060	2
	20a METHOD OF DISPOSITI	ON n 3 □ Rem	oval from State	other p	OF DISPOS							CATION —		
	4 Donation 5 Other  21. SIGNATURE OF FUNERAL	(Specify)		_   Ce	dar H	_				000 0000	Su	itlan	d, M	aryland
	21. SIGNAL CHILD OF PURE ON	SERVICE CA	21/	1 /		22.	Geo!	ge.	P. Ka	ilas F	unera	al Ho	me	
4	Hear	ger-	J Kal	w			UXOI	Hi		laryla	nd			
	23. PART I. Enter the di ahock, or hi	art fallure.	complications the List only one car	it caused the duse on each lin	eath. Do n e.	ot enter	the mo	ode of d	ying, suc	ch ae cardie	c or resp	iretory ar	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin disease or condition	el	_	7.	11		1		/					Onset and Death
ł	resulting in death)	7	a. DUE TO	OR AS A CONSE	OUENCE OF	):	7	1-	41/1	110				
z			. My	ucard	()	In	fa	no)	ion					
CERTIFICATION	Sequentially liet conditi if any, leading to immed	diete	DUE	(OR AS A CONSE	OUENCE OF	):								
ဦ	cause. Entar UNDERLYI CAUSE (Disease or Inju		c. DUE TO	(OR AS A CONSE	OUENCE OF	١.								
	that initiated events resulting in death) LAS	т		(on no n conce	OULHOL OF	,								
8			d											
	PART II. Other algnifica	nt condition	s contributing to	daeth but not	resulting is	n the un	derlyln	g cause	given in	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL										— I	YES :	2 PNO		COMPLETION OF CAUSE OF DEATH?
_ 11										— ]				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	) MEDICAL					26. P	LACE OF	DEATH (C	heck only one)				
	EXAMINER?	0.0000000000000000000000000000000000000	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER	₹:			8 🗆 Other	Specify)			
ੁੱ	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TIMI	OF	28c. IN	JURY AT		28d. DESC	RIBE HOW	INJURY OC	CURED	
BY			(	-//	1,100	М		YES 2	□ NO	ł				
- 1	1 Netural 5  2 Accident	Pending Investigation												
유	2 Accident 3 Suicide 6	Investigation Could not be		OF INJURY — At h , etc. (Specify)	ome, farm, s	treet, fact	ory, offi	ce		28t. LOCAT	ION (Street Town, State	and Numbe	or Rural i	Route Number,
ETED	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	building	, etc. (Specify)						City or	Town, State	)		Route Number,
MPLETED	2 Accident 3 Suicide 6  4 Homicide  29e. CERTIFIER (Check only 1) CERTI	Investigation Could not be determined  IFYING PHYSI	building	, etc. (Specify)	leath occume	d at the t	ime, dat	end place		City or	Town, State	nner as str	nted.	
COMPLETED	2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 MED	Investigation Could not be determined  IFYING PHYSICAL EXAMINE	iCIAN: To the best of	, etc. (Specify)	leath occume	d at the t	ime, dat	e end plac	eured at the	e to the cause time, data a	Town, State	nner as ste	ited.	s) end manner ee stated.
BE	2 Accident 3 Suicide 6  4 Homicide  29e. CERTIFIER (Check only 1) CERTI	Investigation Could not be determined  IFYING PHYSICAL EXAMINE	iCIAN: To the best of	, etc. (Specify)	leath occume	d at the t	ime, dat	e end plac		e to the cause time, data a	Town, State	nner as ste	ited. the cause(i	a) end manner ee stated.
BE	2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 MED	investigation Could not be determined  IFYING PHYSI CAL EXAMINE  OF CERTIFIE	ician: To the best of	f my knowledge, c	leath occurre	d at the t	ime, dat	e end plac	eured at the	e to the cause time, data a	Town, State	nner as ste	ited.	a) end manner ee stated.
ш	2 Accident 3 Suicide 4 Hornicide  29e. CERTIFIER (Check only one) 2 MED  29b. SIGNATURE AND THREE	Could not be determined  "IFYING PHYSI CAL EXAMINE OF CERTIFIE  PRESSON WITH	CIAN: To the best of R: On the basis of COMPLETED CAL	I my knowledge, de examination end/or	leath occurre r investigatio  EM 27) (Type, 7801	d at the ti	ime, dat	end placed death occ	cured at the	city or e to the cause e time, data a	Town, State	enner as stend due to t	ited. the cause(i	a) end manner ee stated.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	)
-	DIDECTOR
	DV CHINEDAL
	Otabi ETEN
	C DE CT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withincurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

STATE	0F	<b>MARYLAND</b>	/ DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYG	ENE
			CERTIFICATE	OF	DEAT	·H		REG.	NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC	MENT OF HEA		MENTAL HYGIENI REG. NO.	E	
1. OECEOENT'S NAME (First, Middle, Georgia Earle					2. DATE OF DEATH MONTH DA April 29,		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 705-10-5663	5. SEX 8. AGE			F UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cor	TTHPLACE (State or Foreign untry)
9a. FACILITY NAME (If not institution,		2 0	a. CITY, TOWN OR L	OCATION OF DE	July 15,1	9c. COUNTY O	laryland F DEATH
Washington Cou			Hagers	town		Washin	gton
RESIDENCE OF DECEDEN 10e. STATE 10b. CO		10c. CITY, T	OWN OR LOCATION	1			10d. INSIDE CITY
	shington	Ная	gerstown				1 X YES 2 NO
100. STREET AND NUMBER 551 Highland W	Jay			740		USA	F WHAT COUNTRY?
11. MARITAL STATUS 1 A Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES				IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	St	ACE — American Indian, lack, White, etc. pecify: hite
15. DECEDENT'S (Specify only highest		18e. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most o	f working	18b. KIND OF BUS	INESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+) 1-2		ive Sec	retary	r	ailroad	1
17. FATHER'S NAME (First, Middle, Las	-7	-l			ME (First, Middle, Maiden		
George E. Robi		10h MAII ING AG			Belle Ment		
Winifred Shera					erstown, M	d. 2174	.0
20s. METHOD OF DISPOSITION  1 🔀 Buriel 2 🗆 Cremetton 3 🗆  4 🗆 Donation 5 🗀 Other (Specify)	Removal from State	other place) Smithsburg				CATION — City or	Maryland
21. SIGNATURE OF FUNERAL SERVICE		Jan Lensburg			ALLY HOME	nsburg,	nar y rand
1 Scot	Menn	ch				gerstow	m, Md. 21740
23. PART I. Enter the diseases ahock, or heart fall	, or complications that caus lure. List only ons ceuse on		antar tha moda	of dying, auci	h aa cardiac or respi	ratory arreat,	Approximata Interval Between
IMMEDIATE CAUSE (Finel disease or condition	20		Pres	mani			Onset and Death
reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	7				3.000
Sequentielly list conditions,	b	A CONSEQUENCE OF):					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	11100000000					
thet initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART II. Other significant cond	ditione contributing to death	but not resulting in t	the underlying c	euse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
COPD ASCNO	Hopenten	is. D/	Μ		1 □ YES 2		COMPLETION OF CAUSE DF OEATH?
-							1 TES 2 NO
25. WAS CASE REFERRED TO MEDIC			28. PLAC	E OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:		THER:  Nursing Home	5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		Y WORK		28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investige 3 Suicide 8 Could n 4 Homicide determin	RY — At home, farm, stre		and Number or Rural Route Number,				
29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my known	owledge, death occurred	at the time, data an	d place, and due	to the cause(s) and mar	nner as stated.	
one) 2 MEDICAL EX.	AMINER: On the basis of exeminer	lon and/or investigation,	in my opinion, deat	h occured at the	time, deta and place, an	d due to the cau	ee(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CEP	TIFIER MO		2	9c. LICENSE NUI			NEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO		DEATH (ITEM 27) (Type, Pr	int)				
VASANT DA	tth, mo		2 57	HAG	CRS-EDW	~ mp	21740
MAY 01 90	Julia Davidson-	gandell_					

40)

M. JESTE , M.

mo 3.

DHMH-18 Rev 1/89

ite be executed with	ysician and completely filled in by the funeral director, page 5 should be a prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached the flack within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	bel sell	Mabel Vic	la RUSS	Ku	srler		2. DATE OF DEAT	2 mg /	90	3. TIME OF DEATH 0945
I. SOCIAL SECURITY NUM	BER	5. SEX 1 ☐ M 2 🔀 F	6. AGE (In yrs. Is 89	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye Dec. 10	nr)		HPLACE (State or Foreign try) yland
99. FACILITY NAME (If not institution, give street and number) Washington County Hospital					9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF E	DEATH
					Hagers	town		Was	hing	ton
RESIDENCE OF DE	10b COUNTY	v	100		Y, TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland		hington			agerstow					LIMITS?
100. STREET AND NUMBER		iringcon		110		r, ZIP CODE		10a. Ci	TIZEN OF	1 YES 2 NO
637 W. Oak	Ridge	Dr.				21740			SA	
1. MARITAL STATUS	Ridge	12. WAS DECEDEN				CENDENT OF HISPAN		y Yee or No-	14, RAC	E - American Indian,
Never Merried 2		FORCES? 1	YES 2 X	NO		pecify Cuben, Mexical B 2 😿 NO Specify		2.)	Spec	ck, White, etc.
Widowed 4 Div									wh	ite
	CEDENT'S EDU		16e. D	Give kind of	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND O	F BUSINESS/IN	IDUSTRY	
Elementary/Secondary (	(0-12)	College (1-4 or 5	.)		se retired.)			#1 1	0.0	
8	Middle f 1			clerk		T		il sal		
7. FATHER'S NAME (First, I		acha					ME (First, Middle, M			
William Ed		gana	1.	OF MAIL INC	Annaece (Comme	Lizzie I			Zio Codel	
Donald E.						330, Hage				
0e. METHOD OF DISPOSI Buriel 2 ☐ Cremeti  ☐ Donation 5 ☐ Othe	ion 3 🗆 Rem	ovel from State	other I	n/acal		on Cemete		c. LOCATION - Burket		fown, State 11e, Md.
1. SIGNATURE OF FUNER		CENSEE "		-	_	ND ADDRESS OF FAM				
> 5c	0417	Nem	uch					Hagers	town	, Md. 2174
IMMEDIATE CAUSE (Fi	heart feliure.	complications the	t caused the dise on each iir	deeth, Do	not enter the m	ode of dying, auci	h ea cardiac or	reapiratory e	errest,	Approximate Interval Betwo Onset end De
reaulting in death)		DUE TO	OB AS A CONS	FOLENCE O	a lorg	mes	1			
Sequentially list conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA:	edlete YING Jury	C	(OR AS A CONSI		PILON PILON PILON PILON	are	t Turke	ale	de	saso
Sequentially list condi if eny, leeding to immeause. Enter UNDERLY CAUSE (Disesse or inj that initiated events	edlete YING Jury	c. DUE TO	(OR AS A CONS	EOUENCE O	in the underlyle		Part I. 24a. W	AS AN AUTOPS' REFORMED? ES 2 PNO		
Sequentially list conditions, leading to immease. Enter UNDERLY CAUSE (Disease or injust initiated evental resulting in death) LA:  PART II. Other significations. Was case referred examiner?	ediete YING Jury ST	d	death but not	resulting	in the underlyle	ng couse given in	Part I. 24a. W PE 1 V v v v v v v v v v v v v v v v v v v	AS AN AUTOPS: REFORMED? ES 2 NO		b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, leading to immease. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:  PART II. Other significations.  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ediete VING jury ST  cent condition To MEDICAL	d	death but not	resulting	26. F  OTHER: 4   Nursing Ho  AE OF 28c. IN  W	ng ceuse given in  PLACE OF DEATH (Ch  me 6 Residence  JURY AT  ORK?	Part I. 24a. W PE 1 V v v v v v v v v v v v v v v v v v v	AS AN AUTOPS: RFORMED? ES 2 NO	Y 24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list condition, leading to immease. Enter UNDERLY CAUSE (Disease or injusted in interesting in death) LA:  PART II. Other signific CAUSE, WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Netural 5  2 Accident	ediete YING jury ST Cent condition TO MEDICAL	d	death but not	a resulting	26. F  OTHER: 4   Nursing Ho  AE OF 28c. IN  W	PLACE OF DEATH (Ch me 6 Residence JURY AT ORK? YES 2 NO	Part I. 24a. W PE 1 V v v v v v v v v v v v v v v v v v v	AS AN AUTOPS' REFORMED? ES 2 NO HOW INJURY O	Y 24	b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list condition, leading to immocause. Enter UNDERLY CAUSE (Disease or injude initiated eventa resulting in death) LA:  PART II. Other signification of the conditio	ediete YING jury ST  Cent condition TO MEDICAL  Pending Investigation Could not be determined	HOSPITAL: 1 Planetent 2 28e. PLACE C building.	death but not death but not ER/Outpetlent INJURY ley, Year)  FINJURY — At I etc. (Specify)	a resulting  3 DOA 28b. Till IN	26. 5 OTHER: 4   Nursing Ho ME OF 28c. NV JURY M 1   atrest, factory, offi	PLACE OF DEATH (Ch. Time 6 Residence JURY AT ORK? YES 2 NO ce	Part I. 24a. W PE  1 V  1 V  6 Other (Specification (City or Rown, or to the cause(e) er	AS AN AUTOPS' REFORMED? ES 2 NO  NOW INJURY O	Y 24	b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO

Julia Jaindson Rando 00

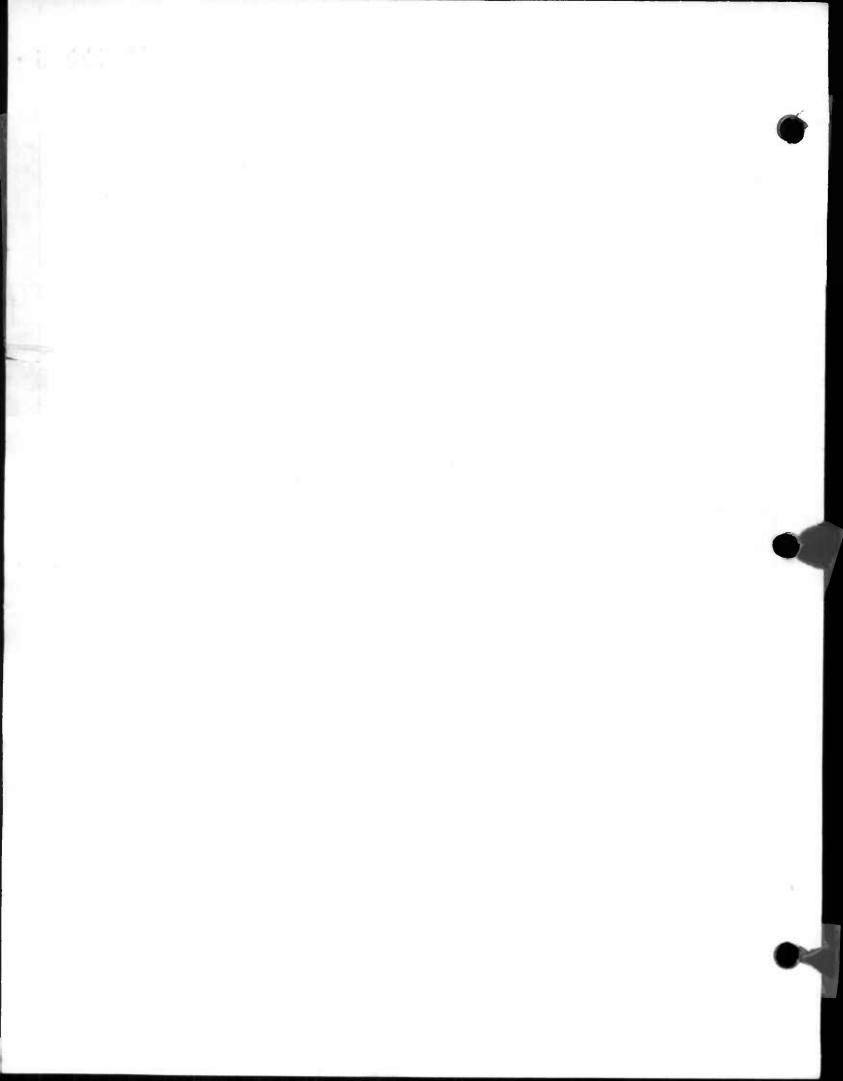
TO BE COMP	NOTE OF THE PROPERTY OF THE PR
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ai,	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	THE FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	IN THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the ast after death. Page 6 may be retained by the hospi

31. DATE FILED (Month, Day, Year)

APR 23 '90

32. REGISTRAR'S SIGNATURE

	FOR STATE	STATE OF MARY		MENT OF HEALTH AI			14400			
-	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	3. TIME OF DEATH			
	1. DECEDENT'S NAME (First, Middle, Last)  Ethel Margar	et Reardo	n	MONTH 4/20		DAY YEA				
	4. SOCIAL SECURITY NUMBER 214 48 4256	1	FUNDER 1 YEAR IF UNDER 24 INTHE DAYS HOURS A	rin. 7. DATE OF BIRTH	C	8. BIRTHPLACE (State or Foreign Country) Mary Land				
_	9e. FACILITY NAME (If not institution, give so Meridan Nursing C			Severna Park	OF DEATH	Ann A				
0	RESIDENCE OF DECEDENT	enter		Jevelna Talk		711111 711	dides			
DIRECTOR	10e. STATE 10b. COUNTY	rundel	100	ersville			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 434 Pasadena Road	West		101. ZIP CODE 21108		USA	OF WHAT COUNTRY?			
W	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		HISPANIC ORIGIN? (Specify		RACE American Indian,			
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y	ES 2 NO		Mexicen, Puerto Rican, etc.)		Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	completed)	18e. OECEOENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b. KIND OF I	BUSINESS/INDUST	RY			
2	12 years	College (1-4 or 5+)	homema	ker	home					
No	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME (First, Middle, Malo	len Surname)				
BEC	Anthony Minke			Marga						
6	19a. INFORMANT'S NAME (Type/Print) T. Patrick Reardo	n	The second second second second	poress (Street and Number or Pasadena Rd			21108			
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemeters, crematory or 20c. LOCATION — City or Town, State									
	ROSE HIII Celletely Hagerstown, Facty Land									
	Derall N.	Minnic	N	Gerald N. M. Funeral Hom			Potomac St. stown, Md.21740			
	23. PART I. Enter the diseases, or ahock, or heert fallure.  IMMEDIATE CAUSE (Finel	complications that cau List only one ceuse o	sed the death. Do no n each line.	t enter the mode of dylng	g, such es cardiac or re	epiratory erreat	, Approximate Interval Between Onset and Death			
,	disease or condition rasulting in death)	a. OUE TO (OR	A CONSEQUENCE OF	y unist	11. 1					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  b. JULIM ALTHI ALTHI WITH SUMMED SAME OF SEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  3 Weeks  DUE TO (OR AS A CONSEQUENCE OF):									
ERTIF	that initiated evente resulting in deeth) LAST	d	·							
MEDICAL C	PART II. Other aignificant condition	na contributing to dea	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
						/ 1	1 TES 2 NO			
AN	25, WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Check only one)					
SIC	EXAMINER?	HOSPITAL:		OTHER: 4 U Nursing Home 5 - Res	idence 8 Other (Specify)					
PHYSICIAN:	27. MANNER OF SEATH  1 Natural 5 Pending	28e. DATE OF INJU	JRY 28b. TIME INJU		28d. DESCRIBE HO	W INJURY OCCUP	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN-	JURY — At home, farm, st (Specify)	reet, factory, office	28f. LOCATION (Str. City or Town, S		Rural Route Number,			
COMPLETED	(Check only ————————————————————————————————————			d at the time, date and place,			cause(e) end manner as stated.			
	29b. SIGNATURE AND THILE OF CHITIFI	6F7/1 / / /	70.0	291; LICEI	NSE NUMBER	29d. DATE S	IGNED (Month, Day, Year)			
TO BE CO		Mullus	MO		NSE NUMBER	29d. DATE S	IGNED (Month, Day, Year)			



	must
	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	medical
патіоп,	t, the
al, crei	even
to burd	matic
prior	r trau
lygiene	othe
=	0
Menta	n ury,
h and	my I
of Healt	hows a
f.	69
e Dep	п 23
State	iter
the	9
with	ked,
leath	E
ifter (	8 is
UIS 3	E
2	E
72	=
within	TANT
filed	0
2	Ξ

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIE		30	1 4 5	10
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY )	(EAR 3. TIME	OF DEATH	
	Cecil P. Ko	indall:	Jr.				8 9	0 12	144	PH
N		SEX 6. AGE (In yrs. In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	8.	Country)	State or Foreig	7n	
	217 10 1110	M 2   F   6-	YRS.			10-6		/1)	<u>a.</u>	_
æ	9a. FACILITY NAME (If not institution, give street				R LOCATION OF DE	ATH	1	Y OF DEATH		- 1
DIRECTOR	University of Mary	/land Hospital	.	Baltim	ore		Balt	timore		
REC	10e. STATE 10b. COUNTY			TOWN OR LOCATI					SIDE CITY MITS?	
	Maryland Washir	H	agersto	ZIP CODE		1.40 - 047175	1 XY	ES 2 NO		
FUNERAL	710 West Washington	Stroot		101.	21740		USA		ONTHIT	
S		. WAS DECEDENT EVER IN U.S. A			ENDENT OF HISPAN	IC ORIGIN? (Specify Y		I. RACE — Ame		$\dashv$
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES	WW2		cify Cuben, Mexicer 2 NO Specify	n, Puerio Ricen, etc.)		Black, White, Specify:		ĺ
	15. DECEDENT'S EDUCATION			SUAL OCCUPATIO	AI.	18b, KIND OF B	Heinese (INOLIS		White	-
ETE	(Specify only highest grade com	apleted)	Give kind of wor. fe. Do NOT use r	k done durina mos	t of working	ISB. KIND OF B	USINESS/INDUS	o i ni		l
COMPLETED	8 years		nspect	or		Furni	ture Ma	anufact	turing	
ő	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide				
BE (	Cecil Paul Randall					a Blanche		215		_
2	190. INFORMANT'S NAME (Typo/Print) Frances May Bowman I				nd Number or Rural R ngton St	Noute Number, City or To	erstow			
	20e. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSIT	ION (Name of car	etery crematory or		OCATION - CH			
	1 X Burial 2 Cremation 3 Removat 4 Onnetion 5 Other (Specify)	from State Ceda	r Lawn	Memori	al Park	Ha	gersto	wn, Mai	cyland	l
	1. SIGNATURE OF FUNERAL SERVICE LA SERVICE	Ta.			D ADDRESS OF FAC		OF N	D - 4	- C+	
	Leisla 8 10	unnich			ld N. Mi ral Home		05 N. I			
	23. PART i. Enter the diseases, or com	plications that caused the	death. Do not	enter the mo	de of dying, such	n se cardisc or res	piratory srras	it, A	oproximate	
	IMMEDIATE CAUSE (Finel disease or condition	0 4 4	0	1		) .			onset and D	
ļ	resulting in deeth) e	OUE TO (OR AS A CONS	EQUENCE OF:	upe	ncus	injare	must	-	IM	
_		V	ACC DIVINICAL	)		V		į		
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):							
S	CAUSE (Disesse or injury	DUE TO (OR AS A CONS	EQUENCE OF							
Ē	thet initieted events resulting in death) LAST	DUE TO (ON AS A CONS	EUDENCE OF).					į		
	DATE II Other standstone and dates					I		1		
SAL	PART II. Other significant conditions c	ontributing to death but no	resulting in	the underlying	csuse given in	PERF	AN AUTOPSY ORMED?	AVAILA	AUTOPSY FIND BLE PRIOR TO ETION DF CAU	
EDI	•					1 № YES	2 NO	OF DE		
2									20 2 0 110	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	eck only one)				
YSI	1 NES 2 NO 1	X Inpatient 2 ☐ ER/Outpatient	3 DOA 4			8 Other (Specify)				_
	27. MANNER OF DEATH  1 Naturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	PK? PK? PES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCU	IREO		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At	home, farm, str			28f. LOCATION (Street		r Rural Route Nu	ımber,	$\dashv$
빌	4 Homicide determined	building, etc. (Specify)				City or Town, Sta	te)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge,	death occurred	at the time, dete	and plece, and due	to the cause(e) end n	nenner ea stated	1.		
OM	one) 2 MEOICAL EXAMINER: C	On the basic of examination end/o	or investigation,	In my opinion, d	enth occured at the	time, date end piece,	end due to the	ceuse(e) end m	enner ee stat	ed.
ш	296, SIGNATURE AND TITLE OF CERTIFIER	110			29c. LICENSE NUN		29d. DATE	SIGNED (Month.	Day, Year)	
TO B	SO, NAME AND ADDRESS OF PEASON WHO C	volve	- ML	)	038	800	1 4	1181	90	
-	University Hospita		, , , , ,							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	raryl	aliu						
	31. DATE FILED (MONTH, Day, Year)  APR 20 '90  32. REGISTRAR'S SIGNATURE  Julia Davidson-Randelle									

Eugene, Raotzahn

use as the burial-transm after death. Page 6 may be retained by the hospital or attending physician. detached for o

BALTIMORE, MARYLAND 21203-3146

DIRECT

FUNERAL

executed within P.O. BOX 13146, law requires that the death certificate be the atten Mental h The OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATN 3. TIME OF DEATH April 21 1990 EUGENE SNIVELY ROUTZAHN A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 214- 16- 1460 1 🔀 M 2 🗌 F 12-20-1914 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE 2377 Pennsylvania Avenue 21740 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 1 YES If yes, specify Cuban, Maxican, Puerio Rican, etc.) 27 NO 1 Never Married 2 Married FORCES? 1 YES 27 1 TYES 2 NO Specify Specify BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12vrs. Aircraft Manufacturing Foreman 17 FATHER'S NAME /First Middle Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Elmer Floyd Hallie Routzahn Snively 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Margaret D. Routzahn 2377 Pennsylvania Ave. Hagerstown, Maryland 21740 20a. METHOD OF DISPOSITION
1 💢 Burial 2 🗆 Cremetion 3 🗆 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Cedar Lawn Memorial Park Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 Boonsboro Pike Douglas A. Fiery Bast Funeral Home Boonsboro, Maryland wolan. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Deeth IMMEDIATE CAUSE (Finel disease or condition TE MYOCARDIAL
DUE TO (DR AS A CONSEQUENCE OF): 3 HOURS regulting in deeth) CORONARY ARTERY
DUE TO 10H AS A CONSEQUENCE OF! Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): 48 HOURS CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TYES 2 NO 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF 1 Netural 5 Pending 1 YES 2 NO 2 Accident 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 4 Nomicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as atteted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

COMPLETED once. funeral director, page 5 should be to notified 2 Pe must examiner attending physician and completely filled in by the sittal Hygiene prior to burial, cremation, or removal. the medical event, other traumatic CERTIFICATION 6 23 shows any Injury, MEDICAL signed by t Health and has been s PHYSICIAN: r this certificate ha 0 is marked, FUNERAL DIRECTOR: After the within 72 hours after death v BY ETED. 28 COMPL HOSPITAL MPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) **BE** 불불를 D38892 el Joh Brodford in 23 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ORD

32. REGISTRAR'S SIGNATURE

wha Davidson

31. DATE FILED (Month, Day, Year)

24'90

BALTIMORE, MARYLAND 21203-3146

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5"1990

	FOR		STATE OF A	MARYLAND /	DEPAR	TMENT	. UE P	EALTH AND I	MENTAI	HAGIEN	E	91	0 1448		
•	1 - STATE REGISTRAR		SIMIL OF I					DEATH	NEN IAL	REG. NO					
	1. DECEDENT'S NAME (First, A	Aiddle, Lest)								OF DEATH		YEAR 3	. TIME OF DEATH		
	Cecil Leon	Rhode	S						May		990	YEAR	10:10 AM M		
	4. SOCIAL SECURITY NUMBER	A	6. SEX	6. AGE (In yrs. les	it birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	T DATE	OF BURTH		S. BIRTHPI	BIRTHPLACE (State or Foreign		
	567-20-0703		1 📉 M 2 🗆 F	64	YRS.	MONTHS	DAYS	HOURS MIN.		, Day, Year) - 25,		Okla	homa		
OR	Calvert Mem	oria1		1				Frederic			Calv				
5	RESIDENCE OF DECE	IOL COUNTY	,		100 00	Y, TOWN (	20.1004	TION					Od. INSIDE CITY		
DIRECTOR		Calve				omes							LIMITS?		
FUNERAL	8520 Patuxen	t Ave	•				10	20615			1.0		tates		
BY FUN	11. MARITAL STATUS 1 Never Married 2 N 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V WW II, K	YES 2 1			if yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specify	n, Puerto f		or No-	14. RACE - Black, Specify:	- American Indian, White, etc. White		
COMPLETED	(Specify only i		completed)	(0	ilve kind of	Work done		ON set of working	16b.	. KIND OF BU	SINESS/INDU	STRY			
ا چ	Elementary/Secondary (0-1	12)	College (1-4 or 6		cino	er (	Poi 1	or)	ъ.	ringo	Coord	ola	County		
Ž	17. FATHER'S NAME (First, Mid	(dlo f net)		E4.	gine	er (	DOLL	18. MOTHER'S NA				e 5	Country		
	The second secon		bodos					The second section is							
H	William Scrue		noaes				0.00	Nannie				Codel			
임	Dorothy Jane		es					Ave; Br					and 20615		
	20s. METHOD OF DISPOSITIO	N 3 □ Rem	ovel from State	20b. PLACE other p	OF DISPO	SITION (N	me of ce	metery, cremetory or		20c. LOCATION — City or Town, State					
	4 Donation 5 D Other (		-					natory		Ale	exandria, Virginia				
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE			22.	NAME A	ND ADDRESS OF FA	CILITY ]	Rausch	ch Funeral Home				
	D. 1	5 5	\ <del>-</del> #=			B	room	es Ts1	DA. 1	Port D	anuh1	ic	Md. 20676		
-	23 PART I Enter the dis	20202 01	complications the	t caused the d	eath Do								Approximata		
	shock, or heart fallure. List only one ceuse on each line.									interval Between Onset and Death					
	disease or condition resulting in death)	<b>&gt;</b>	1635	Ver	A.	+1	62	Mary	an						
	resulting in death)		DUE TO	(OR AS A CONSE	OUENCE	DF):	, _								
z			, end	Sta	SC	CT	十十	-							
<u> </u>	Sequentisity list condition if any, leading to immed		DUE TO	(OR AS A CONSE	OUENCE (	OF):									
CERTIFICATION	cause. Enter UNDERLYIN	IG	· CHI	) '											
Ĕ	CAUSE (Disease or Injur that initiated events		DUE TO	(OR AS A CONSE	QUENCE	OF):									
	resulting in death) LAST		a Can	Cel	(	ele	M	,							
2	DA 007 II 041 1 - 101	A secondate							Bio I			T.,,,,			
⋠Ӏ	PART II. Other algorificen	n condition	na contributing to	death but not	reauting	in the n	noeriyii	ig cause given in	Part 1.	PERFO	AMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE		
ă										1 TYES	2 🗌 NO		OF DEATH?		
¥													1 YES 2 NO		
ż															
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	-		OTHE		LACE OF OEATH (C/	heck only o	ne)					
S	1 TES 2 THO			ER/Outpatient	3 DOA			ne 6 🗆 Residence	6 🗆 Othe	er (Specify)					
PHYSICIAN: MEDICAL		Pending	26a. DATE O (Month,	F INJURY Day, Your)	26b. TI	ME OF IJURY M	W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCC	URED	RED		
ED BY	3 Suicide 6 C	nvestigation Could not be latermined	28e. PLACE building	OF INJURY — At h	ome, ferm	, street, fac	tory, offi	ce	26f. LOC City	CATION (Street or Town, State	and Number	or Rural Ro	oute Number,		
COMPLETED	Check only	FYING PHYS	SICIAN: To the best of	f my knowledge, c	leath occu	rred at the	time, del	e and place, and du	e to the ca	use(s) and m	enner as stat	ed.			
ON	one) 2 MEDIC	CAL EXAMIN	ER: On the besis of	examination and/o	r Investigat	lon, in my	opinion,	death occured at the	time, date	e and place, s	nd due to th	e cause(s)	and manner as stated.		
	296. SIGNATURE AND TITLE	OF CERTIFIE	A )	1	9			29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)		
TO BE	Kurinna	200	Ya	sean	N			01617	8		13/	12/0	70		
	30. NAME AND ADDRESS OF	DEDOON W	UO COMBI ETEÒ CAI	ICE OF DEATH OF	ERS OT /T-	an Delegal									

00:111 00

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG, NO.
	1. DECEDENT'S NAME (First, Middle, Last)  HAZEL ANNA ROWE	2. DATE OF DEATH MONTH  04 - 19 - 1990 6:10 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS.  3.14-09-5345  1  M 2  F 8  YRS.  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year)  O4 -1/-/907  BEATH  9.C. COUNTY OF DEATH
TOR	13823 BLAIRSVALLEY RD. CLEAR SPRING	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION CLEAR SPRING	10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	10. STREET AND NUMBER  101. ZIP CODE  138.23 BLAIRS VALLEY RD.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISP	10g. CITIZEN OF WHAT COUNTRY?  LI, S, A,  ANIC ORIGIN? (Specify Yea or No
B	1 Never Married 2 Merried  1 Never Married 2 Merried  3 Wildowed 4 Divorced  1 YES, GIVE WAR OR DATES  1. Was December 10 His 1. Amely 11 Yes, specify Cuben, Mexical 1 Yes, Specify Cuben	cen, Puerto Rican, atc.) Bleck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (9-12)  College (1-4 or 5+)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  ASEMBLY LINE	18b. KIND OF BUSINESS/INDUSTRY  HOLLAND LABEL CO.
SE COM	17. FATHER'S NAME (First, Middle, Last)  GEORGE C. YOUNG  18. MOTHER'S P. MARY	AME (First, Middle, Maidon Sumamo)   ELIZABETH DAVI'S
No.	196. INFORMANT'S NAME (Type/Print)  HOWARD C. Rowe   Box 45 STONEHED  206. METHOD OF DISPOSITION  206. PLACE OF DISPOSITION (Name of cemetery, cremetory of the complex of	DEE BUNKERHILL, W. VA. 13
	1) Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SUPER VIEW CLM.  22. NAME AND ADDRESS, OF	WILLIAMSPORT MD.
	Chamb Leans THOMPSON F	UNERAL HOME, INC. CLEAR SPRING MD 21722
	23. PART i, Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, as shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition	Interval Batween Onset and Death
z	resulting in death)  Due to (or as a consequence of):  Sequentially list conditions.	17 Mess
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	7
CERTIF	that initiated events resulting in death) LAST	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given  Senzile Demantia; December us ulcent	In Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 70 22 70 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Input lent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence	
Y PHYS	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and occurred at the time,	
TO BE	29c. LICENSE N	29d. DATE SIGNED (Month, Day, Year)  4 -20-9 0
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAME PE DEATH (ITEM 27) (Type, Print)  W. T. HAZUS OU	W. Md. 217 FO
	APR 20 '90 Savidson-Randale	

No. 11 A

erine ii

---

¥

DIVISION

Ĕ,	å			k
BALLIMOHE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral dimense filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be examiner.	AND PROPERTY.
M	ith. Page	neral din	miner I	
DA	s after dea	by the fur emoval.	dical exa	_
ĺ	ALIC	ly tilled in ation, or r	the me	
140,	uted with	complete	c event,	
2 40	te be exec	sician and	traumati	
0.00	h certifical	Hygiene p	or other	
נט, ר	if the deat	by the atte	/ Injury,	
ECC.	equires that	an signed	hows am	
AL H	The law n	te has been the Oept. o	em 23 s	
7	INSICIAN:	is certifical	ed, or its	
ON C	NDING PH	R: After this r death w	is mark	
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	OR ATTE	DIRECTOR	Item 28	
	HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ITANT: H	
	THE	TO THE be filed	IMPOR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL I	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

- STATE REGISTRAR		CERTIF	CATE OF	DEATH	_	REG. NO.				
1. OECEOENT'S NAME (First, Middle, Last)	01.				2. DATE OF MONTN	DAY	YEAR	3. TIME OF OEATH		
4. SOCIAL SECURITY NUMBER	L RITCHIE	// t t t t t t t t t			5	8	90	10:12 P		
4. SOCIAL SECONITY NUMBER	1 M 2 AF	(in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	8 - 90	Count	HPLACE (State or Foreign		
9e. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF O			COUNTY OF D			
Francis Scott Keyt		ter		nore, M						
RESIDENCE OF DECEDENT					477 - 47					
10e. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA					10d. INSIDE CITY LIMITS?		
	ford		Edgewa					1 TYES 2X NO		
100. STREET AND NUMBER			10	f. ZIP CODE		10g.		WHAT COUNTRY?		
1630 A. Shadys		MILLO ADMED	40, 400, 054	21037			USA			
Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 PINO	It yes, sp	CENDENT OF HISPA	m, Puerto Rica		Blac	E — American Indian, ik, White, etc.		
3 Widowed 4 Olvorced	IF YES, GIVE WAR OR	OATES	1   YES	3 2 NO Specif	y:		Spec	ite		
15. OECEOENT'S EOU		16e. DECEDENT'S			16b. K/I	ND OF BUSINES	S/INDUSTRY			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	rork done during mo e retired.)	oal of working						
1-2-8-01111-2-2-2		ir	nfant							
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	,,	,	me)			
			1 2 2 2	Robert						
19a. INFORMANT'S NAME (Type/Print)				end Number or Rural						
						genate	er, Hd	21037		
20e. METNOD OF DISPOSITION 1 Derived 2 Cremetion 3 Rem	oval from State	6b. PLACE OF DISPOS other place)		metery, crematory or		20c. LOCATIO		own, State		
4 Donation 5 Other (Specify)	CENEE	F	SKHC	MD 4000000 05 5	OH PTV	BaH.	MD			
	CENSEE		FSKM	22. NAME AND ADDRESS OF FACILITY						
	List only one cause on	aach Ilna.	4940 not antar the mo	Eastern oda of dying, suc	ch ss cardiac	or reapirator	ry arreat,	Approximate interval Betw		
ahock, or heart failure.	List only one cause on	aach Ilna.	4940 not antar the mo	Eastern	ch ss cardiac	or reapirator	ry arreat,	Approximate interval Betw		
ahock, or heart failure.	List only one cause on	aach Ilna.	4940 not antar the mo	Eastern	ch ss cardiac	or reapirator	ry arreat,	Approximate interval Betw		
ahock, or heart failure.	a. Ext / Rm DUE TO (OR AS DUE TO (OR AS	aach Ilna.	14940  ot antar the mo  nculus  i'on  i'on  Twi'm	Eastern	ch ss cardiac	or reapirator	ry arreat,	Approximate interval Betw		
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. E OF PRODUCTO (OR AS DUE TO (OR AS DUE TO (OR AS D. DUE TO (OR D. DUE TO (OR D. D. D. D. D. D. D. D. D. D. D. D. D.	aach lina.  A CONSEQUENCE OF	14940  not antar tha mo  notation  in on  in	Easternoode of dying, such	nable for	Passo	gence bli s fees	Approximate interval Betwonset and Do		
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. E OF PRODUCTO (OR AS DUE TO (OR AS DUE TO (OR AS D. DUE TO (OR D. DUE TO (OR D. D. D. D. D. D. D. D. D. D. D. D. D.	aach lina.  A CONSEQUENCE OF	14940  not antar tha mo  notation  in on  in	Easternoode of dying, such	nable for	or reapirator	James, James	Approximate interval Betw Onset and Do		
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. E OF PRODUCTO (OR AS DUE TO (OR AS DUE TO (OR AS D. DUE TO (OR D. DUE TO (OR D. D. D. D. D. D. D. D. D. D. D. D. D.	aach lina.  A CONSEQUENCE OF	14940  not antar tha mo  notation  in on  in	Easternoode of dying, such	rest I. 24	Pols Tron	Janes	Approximate interval Betw Onset and Do 2 hour 2 hou		
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. E OF PRODUCTO (OR AS DUE TO (OR AS DUE TO (OR AS D. DUE TO (OR D. DUE TO (OR D. D. D. D. D. D. D. D. D. D. D. D. D.	aach lina.  A CONSEQUENCE OF	14940  not antar tha mo  notation  in on  in	Easternoode of dying, such	rest I. 24	Pals ( Tyon	Janes	Approximate interval Betw Onset and Do 2 hour Do 2 hour Do 3 hour		
ahock, or heart fellure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	B. E OF PRODUCTO (OR AS DUE TO (OR AS DUE TO (OR AS D. DUE TO (OR D. DUE TO (OR D. D. D. D. D. D. D. D. D. D. D. D. D.	aach lina.  A CONSEQUENCE OF	14940 not antar tha mo	Easternoda of dying, such 23 were To To	Part I. 24	Pals ( Tyon	Janes	Approximate interval Betw Onset and Do 2 hour 2 hou		
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. DUE TO (OR AS	aach line.  A CONSEQUENCE OF  A CONSEQUENCE OF  but not resulting i	THE UNDER STATE OF THE PARTY OF	Easternoda of dying, such 23 were To To	Pert I. 24	Pols ( Tyon  Ia. WAS AN AUTO PERFORMED:	Janes	Approximate interval Betw Onset and Do 2 hour 2 hou		
ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	B. DUE TO (OR AS	aach line.  A CONSEQUENCE OF A CONSEQUENCE OF but not resulting liverage and the consequence of the conseque	THER:	Easternoda of dying, such a series of Death (c) the se	Pert I. 24  1 Other (S	Pols ( Tyour  ia. Was an auto Performed: Pres 2 Min	DPSY 244	Approximate interval Betw Onset and Do 2 hour 2 hou		
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	B. DUE TO (OR AS	aach line.  A CONSEQUENCE OF A CONSEQUENCE OF B A C	THE UNIT OF THE PROPERTY OF TH	Easternoda of dying, aud  2 3 week  To To  Grande of Death (C)  The seldence of Death (C)  The seldence of Death (C)  The seldence of Death (C)  The seldence of Death (C)  The seldence of Death (C)  The seldence of Death (C)  The seldence of Death (C)	Pert I. 24  1 Other (S	Pols ( Tyon  Ia. WAS AN AUTO PERFORMED:	DPSY 244	Approximate interval Betw Onset and Do 2 hour 2 hou		
ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	BA CONSEQUENCE OF BA CONSEQUEN	ont anter the model of the second of the sec	Easternoda of dying, aud  2 3 well  2 3 well  To To  Grant G	Part I. 24  Description of the Control of the Contr	Pols ( Tyour  ia. Was an auto Performed: Pres 2 Min	OPSY 241	Approximate interval Betw Onset and Do		
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	BUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	BA CONSEQUENCE OF BA CONSEQUEN	ont anter the model of the second of the sec	Easternoda of dying, aud  2 3 well  2 3 well  To To  Grant G	Part I. 24  1 Other (S  284. DESCR	PALS ( TV CA  A. WAS AN AUTO PERFORMED: YES 2 N	OPSY 241	Approximate interval Betw Onset and Do		
ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER 1 PERTIFIATION PAGE  29a. CERTIFIER 1	B. DUE TO (OR AS  DUE TO (OR AS	aach line.  A CONSEQUENCE OF A CONSEQUENCE OF B A C	THE UNIT OF SECTION OF	Easternoda of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying and a control of dying and a control of dying and dying	Pert I. 24  1 Deck only one)  6 Other (S  28d. DESCR	ia. WAS AN AUTO PERFORMED PERFORMED Specify) IBE HOW INJURE ON (Street and Ni	OPSY 244	Approximate interval Betw Onset and Do		
ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 24 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation investigation investigation determined  29a. CERTIFIER Check only 1 CERTIFYING PHYS	BLIST ONLY ONE CAUSE ON AS DUE TO (OR AS DUE	aach line.  A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CON	ort antar the mo	Easternoda of dying, such that the property of	Part I. 24  1 Other (S  28d. DESCR  28t. LOCATI  City or 1	In the second of	OPSY 244	Approximate interval Betw Onset and Do 2 hours of Do 2 hou		
ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BER: On the base of examination	aach line.  A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CON	ort antar the mo	Easternoda of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, and a co	Part I. 24  1 Part I. 24  1 Other (S  28d. DESCR  26t. LOCATI City or 1	Cor reapirator  To 0 ×  Paris (  Tron  I.a. WAS AN AUTO PERFORMED  YES 2 N  N  OPECHY)  JUNE  ON (Street and Ni  Own, State)  On (Street and Ni  Own, State)	OPSY 244  OPSY 7  HO  OPSY 7  HO  OPSY 244  OPSY 000000000000000000000000000000000000	Approximate interval Betw Onset and Do 2 hour 2 hou		
ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 24 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation investigation investigation determined  29a. CERTIFIER Check only 1 CERTIFYING PHYS	BUE TO (OR AS  DUE TO	aach line.  A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CON	ort antar the mo	Easternoda of dying, such that the property of	Part I. 24  1 Part I. 24  1 Other (S  28d. DESCR  26t. LOCATI City or 1	Cor reapirator  To 0 ×  Paris (  Tron  I.a. WAS AN AUTO PERFORMED  YES 2 N  N  OPECHY)  JUNE  ON (Street and Ni  Own, State)  On (Street and Ni  Own, State)	OPSY 244  OPSY 7  HO  OPSY 7  HO  OPSY 244  OPSY 000000000000000000000000000000000000	Approximate interval Betw Onset and Do 2 hours of Do 2 hou		
ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BUE TO (OR AS  DUE TO	aach line.  A CONSEQUENCE OF A CONSEQUENCE OF B A C	ont anter the model of the model of the underlying	Easternoda of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying and a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, and a co	Part I. 24  1 Part I. 24  1 Other (S  28d. DESCR  26t. LOCATI City or 1	Cor reapirator  To 0 ×  Paris (  Tron  I.a. WAS AN AUTO PERFORMED  YES 2 N  N  OPECHY)  JUNE  ON (Street and Ni  Own, State)  On (Street and Ni  Own, State)	OPSY 244  OPSY 7  HO  OPSY 7  HO  OPSY 244  OPSY 000000000000000000000000000000000000	Approximate interval Betw Onset and Do 2 hour 2 hou		

and which the second

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OTALE OF MINISTER	CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)					2. DATE OF DEATH	V - WEAT	3. TIME OF DEATH
Zadie	Α.	Rigg	S			Мау 11°	1990	9:45 a.m
4. SOCIAL SECURITY NUMB	ER S	SEX 6. AG	E (In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
200-18-344	3 1	□ M 2 🔀 F	86 YRS.	MONTHS DAYS	HOURS MIN.	July 5,	190B T	Taryland
9a. FACILITY NAME (If not in:	stitution, give street	t and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
Montgome		eral Hos	pital	01r	еу		Monte	gomery
10a. STATE	10b. COUNTY		18c. Cf	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland	Mont	gomery		Sandy	y Spring	3		1 X YES 2 NO
100. STREET AND NUMBER 18583 Broo	ke Roa	ıd		10	20860		USA	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Married	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	s 2 <b>X 10</b> 0	If yes, s		NIC ORIGIN? (Specify Yes in, Puarto Ricen, etc.) y:	В	ACE — American Indien, leck, White, atc. pecify: Black
15. DEC	EDENT'S EDUCAT	TON mpleted)		S USUAL OCCUPAT		16b, KIND OF BU	SINESS/INDUSTR	Y
Elementary/Secondary (0	T	College (1-4 or 5+)	#le. Do NOT t	use retired.)				
6th			ноше	maker				
17. FATHER'S NAME (First, Mi						ME (First, Middle, Maiden		
Richard P			T.		Amar	nda Armst	ead	
Mary A. R		aughter)	100000000000000000000000000000000000000			Route Number, City or Tow , Sandy S		
20a. METHOD OF DISPOSITI			06. PLACE OF DISPO	OSITION (Name of co	metery, cremetory or	20c, LC	CATION — City o	r Town, State
1 X Burial 2 Cremetio 4 Donation 5 Other	(Specify)		sh Memo				indy Sp	
SIGNATURE OF FUNERAL	L SERVICE UMEN	han	1	Snow (	ND ADDRESS OF FA len Fune zille. N	eral Home	P.A.	,
ZJ. PART I. Enter the di	tesses or con	polications that caus	and the death. Do				irston, errest	Approximete
shock, or h	eart failure.	it only one cause on	esch iine.			at as cardiec of resp	iratory sirest,	interval Between
IMMEDIATE CAUSE (Findiseese or condition	nai	Bra	in Stem	Hemorr	hage			Onset and Death
resulting in death)	<b>→</b> a		A CONSEQUENCE					, ,,,,,
		302 10 (011 14	A GONGEOGENCE	or j.				į į
Sequentially list conditi if eny, leading to imme-	diate	DUE TO (OR A	A CONSEQUENCE	OF):				
cause. Enter UNDERLY! CAUSE (Disesse or Inju		127-120-70-170						
that initiated events resulting in death) LAS	,	Cere	orovasc	งก็ ular In	nsuffciency loya.			
	d	601001	180416-141	7-7017	envery			
PART ii. Other significa	nt conditions	contributing to death	but not resulting	in the underlying	ng cause given in			24b. WERE AUTOPSY FINDINGS
A.	herwelere	tie ludiou	Alluler P	ilere		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Arteri	osceroti	c Cardi	ovascul	ar Dise			OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL			26, 1	PLACE OF DEATH (C)	neck only one)		
EXAMINER?		IOSPITAL:	utpatient 3 🗆 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH		28s. DATE OF INJUR	Y 26b. TI	ME OF 28c, it	JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	0
	Pending Investigation	(Month, Day, Yea	"		YES 2 NO			
	Could not be	28e. PLACE OF INJU		, street, factory, off	ce	281. LOCATION (Street	and Number or Ru	ral Route Number,
	determined	building, etc. (S	респу)			City or Town, State	,	
29a. CERTIFIER 1 CERT	TIFYING PHYSICIA	AN: To the best of my kn	owledge, death occu	rred at the time. de	a and place, and due	to the cause(a) and ma	nner sa stated	
contact bring								se(a) and manner as stated.
					T 44	MRED	29d, DATE SIG	NED (Month, Day, Year)
29b. SIGNATURE AND TITLE					29c. LICENSE NU	MOLIT		(morning comp, rown)
		, M.D	Ag. my	-, ~0	D 2 7 6		▶ 5.1	
Frank J.	Mayo,	COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	pe, Print)	0276	. 70	▶ 5.1	1-90
Frank J.	Mayo,	COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	pe, Print)	0276	. 70	▶ 5.1	

0	3
DIVISION OF VITAL RECORDS, P.O. BOX 13146	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w
×	2
). BO	ertificate
	4
<u> </u>	deat
Š	the
E	that
0	SS
O	5
<b>W</b>	red
_	N.
4	63
•	E
	ż
>	SA
L.	S
0	H
7	5
$\overline{a}$	N.
=	Z
2	E
2	OC.
ā	0
	OSPITAL
	I
	포

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORETAN STAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 m. Annual Management of the physician.	TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, when the force as the burial-transit permit. Pages 1, 2, 3 should have a few death, with the State Deet of Health and Mental Hydiene prior to burial. Cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be the more.
13	5		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENT	TAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	0					TE OF DEATH			3. TIME OF OEATH	
	MARGARET	E. Koh	RBA	UGH		5		C	YEAR	645A M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAY		7. DA	TE OF BIRTH  onth, Day, Year)  TCh 3,19	14	6. BIRTHP	h Carolina	
	250-30-1800	1 □ M 20XF 76	YRS.				ren 3,1				
œ	9a. FACILITY NAME (If not institution, give sti Suburban Hospita				n or location of o	EATH		9c. COUN	tgom		
6	RESIDENCE OF DECEDENT			500							
DIRECTOR	10s. STATE 10b. COUNTY			TY, TOWN OR LO	CATION				- 1	10d. INSIDE CITY LIMITS?	
		omery	Ро	tomac						1 TYES 2 NO	
PAL	100. STREET AND NUMBER 10844 Pleasant Hi	11 Drivo			10f, ZIP CODE 20854				S.A.	HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS		NIIS ADMED	12 WMC	DECENDENT OF HISPA	NIC OBI	GIN? (Specify Van			- American Indian,	
	1 Never Merried 2XXMerried	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO		If yes	, specify Cuban, Mexico	in, Puer			Black, Specify	White, atc.	
В	3 Wildowed 4 Divorced					,.			opco)	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'	S USUAL OCCUI work done during use retired.)	ATION most of working		16b. KIND OF BUS	INESS/INOL	JSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)					0				
MP	17. FATHER'S NAME (First, Middle, Last)	2	Homema	ker	14 MOTUENIO NU	ME (F)	OWN St. Middle, Maiden				
	William		Eller	ho	Kathe			Sumame)		Edens	
BE	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural			, State, Zip		Bacilis	
2	Austin B. Rohrbau	igh, M.D.	1084	4 Pleas	ant Hill	Dri	ve, Pote	omac,	Mar	yland 20854	
	20a. METHOD OF DISPOSITION  X ☑ Buriel 2 ☐ Cremation 3 ☐ Ramo	20t			cemetery, crematory or			CATION C			
	4 Donallon 5 Other (Specify)	I I		Memori	al Park		Ro	ckvil	le,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	)	ROI	ert A. Pu	mph	rey Fun	eral	Ноте	7 Wisconsin 14-3501	
	1 stayes	- 200-al	<b>८</b> M0052	2 Bei	nesda-Che enue, Beth	vy esd	a, Mary	land'	208	/ wisconsin 14-3501	
	23. PART I. Enter the diseases, or c	complications that cause List only one cause on e		not enter the	mode of dying, suc	ch es c	erdiec or respi	ratory arre	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	11	2 6	1	0. 6	-/	$\overline{}$	_		Onset and Death	
	disesse or condition resulting in death)	s. /14/6	rs toll		sean	east Cancer 244					
	OUE TO (OR AS A CONSEQUENCE OF):										
ō.	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):										
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Total and an addition and a second	d									
AL (	PART II. Other significant condition	The manual of the same of the			lying ceuse given in	Part I	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
	Myner G	I Blu	dun	1	5		1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
ME										1 YES 2 NO	
Ä											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 24 ANO	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C						
ΗXS	27, MANNER OF DEATH	1 🖄 Inpetient 2 🗆 ER/Out			Home 5 Residence	_	Other (Specify) DESCRIBE HOW I	NJURY OCC	URED		
Y P	Netural 5 Pending	(Month, Day, Year)	"	NJURY	WORK?						
р ВҮ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Spe		, street, factory,	office		LOCATION (Street of City or Town, State)	and Number	or Rural R	oute Number,	
ITE	4 Homicide determined						,,				
COMPLETED	Greek only	CIAN: To the best of my know	wiedge, death occu	med at the time,	date and place, and du	a lo lha	cause(a) and made	ner sa atat	ed.		
NO	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investiga	tion, in my opini	on, death occured at th	e time,	date and place, ar	d due to th	e cause(s)	and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIED	R . //	1 -	122	29c, LICENSE NU					(Month, Day, Year)	
TO E	1111m	ull	10	2	D2208	0		P 5	5-9	- 40	
	30. NAME AND ADDRESS OF PERSON WH Frederick Pearson				a Ave., N.	W.,	Washin	gton,	DC	20015	
	31. DATE FILED (Month, Day, Year)  MAY 1 1 '90	32. REGISTRAR'S SIGN		00							

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

XYES 2 NO

Black

6. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify:

04:30am M

REG. NO

13

DAY

YEAR

9c. COUNTY OF DEATH

ALLEGANY

90

2. DATE OF DEATH

7. DATE OF BIRTH

6-25,1916

05

FOR STATE REGISTRAR

RUTH

4. SOCIAL SECURITY NUMBER

218-16-3417

1, DECEDENT'S NAME (First, Middle, Last)

ELLEN

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 🗆 M 2 😾 F

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Health and has been s Dept. of H r this certificate h h with the State [

3

DR. RAGAA FADL

921

32 REGISTRAR'S SIGNATURES

SETON DR. CUMBERLAND, MD. 21502

DIVISION

permit. Pages 1, 2, 3 should DIRECTOR SACRED HEART HOSPITAL Cumberland 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Cumberland Maryland Allegany 10a. STREET AND NUMBER 10f. ZIP CODE FUNERAL 21502 detached for use as the burial-transit 5-B Jane Frazier Village 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Ali-Ghan Shrine Club Elementary/Secondary (0-12) College (1-4 or 5+) 12 Cook-Assitant 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Eleanor Johnson William H. Rhodes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Rhodes Jane Frazier Village, Cumberland, Md. 20a. METHOO OF DISPOSITION

1X Burtal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Mulit S.S. Peter the attending physician and completely filled in by the funeral director Mental Hygiene prior to burial, cremation, or removal. & Paul Cemetery Cumberland, Md. Donation 5 - Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leasure-Stein, Inc. Erust 4. Cumberland, Md. 21502 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the disease or condition Stem Brain reaulting in death) traumatic event, TO (OR AS A CONSEQUENCE OF): arcinoma CERTIFICATION Sequentially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initietad events resulting in deeth) LAST injury, PART ii. Other significent conditions contributing to daeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any Hebatic 1 - YES 2 NO Shows PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 % Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 K Netural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After to hours after death v ВҮ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 28 4 Homicida TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
DE filed within 72 hours a
IMPORTANT: If item 2 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 16150 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RHODES

6. AGE (In yrs. last birthday)

73 YRS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Cumberland, Maryland 21502 20c. LOCATION - City or Town, State 230 Baltimore Av **Approximata** Intarval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OFATH? 1 TYES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) >5/12 90 DHMH-16 Rev 1/89

ë	유
0	2
anou,	#
, cremi	event,
DUMA	atic
0, 10	E E
P P	2
gien	틍
Í	6
in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remi	It it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
and	=
ealth	200
O, H	흲
Sept.	23
State	Item
the	0
With	ked
<b>Jeath</b>	E
after	28 is
Nours	tem
2	=
E	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	William Kel				2. DATE OF	F DEATH 5	13/90 3 90		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	46 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	8-1	Day, Year)	a	ountry)	E (State or Foreign ylvania
5	9a. FACILITY NAME (If not institution, give sti	111	Pita ( "	CITY, TOWN O	LOCATION OF DE	ilsto	n	9c. COUNTY C	Le -	Harford
DIMECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MD HA	Harford Co		iwn or locat	ON Bel A	ir			1000	INSIDE CITY LIMITS? YES 2 1 NO
FUNERA		raby Court	- BEL A	101	ZIP CODE 210:	14		U.S.A		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 NO	13. WAS DEC	ENDENT OF NISPAN city Cuban, Maxica 2 NO Specify	n, Puerio Ric	(Specify Year can, atc.)	-	Specify:	Mmerican Indian, lita, atc. White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	16a. OECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo ired.)	t of working		-	Voltag	o T	esting
Ž.	12 17. FATHER'S NAME (First, Middle, Last)	4	Settempro	year .	18. MOTHER'S NA	_				
	Clyde Nath	nen Riele						Kelly	r	
120	190. INFORMANT'S NAME (Type/Print)W11		19b. MAILING ADI	DRESS (Street a	nd Number or Rural F					
2	Mrs. Mary G. Ria	ile	902 Ar	aby Co	urt, Bel	Air,	Mary]	and 21	.014	14
	20e. METNOD OF DISPOSITION  1 □ Burial 2 ② Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	oval from Stata	20b. PLACE OF DISPOSITION of the place) Greenmount	Cremai	cory		Bal	timore	Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	The same of the sa	Z		D ADDRESS OF FA					
	mulrod	elec fratte	5	Bel	st Broad	dway d vland	21014	lams :	itre	et
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause o					,			Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO OR	2 . / -	con						
ERI	resulting in death) LAST	d								
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	s contributing to deat	th but not resulting in t	he underlyin	g cause given in		24a. WAS AN / PERFORM	MED?	CO OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
Σ.						_				
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATN (Ch	eck only one	)			
Sic	1 YES 2 TNO	1 1 Inpatient 2 □ ER/		THER:  Nursing Non	e 5 🗆 Residence	6 🗆 Other	(Specify)			
PH	27. MANNER OF DEATN  1 IX Netural 5 Panding	28a. DATE OF INJU (Month, Day, Ye	PRY 28b. TIME O INJURY	W	RK?	28d. DE\$0	CRIBE NOW IN	JURY OCCUR	EO	
B	2 Accident Investigation							Number		
	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (	(Specify)				Town, State)		· Audit	
COMPLETE	TOTION OTHY		tnowledge, death occurred a nation end/or investigation, i						use(a) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED  AND SELECTION OF CERTIFIED	workon	Di n		29c. LICENSE NU	MBER		29d. DATE SIG	SMED (Mg	with, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI		F DEATN (ITEM 27) (Type, Pri	int)						
	Andrew Nowakows		125 N. Main	Street	Bel A	ir Ma	rylan	d 2101	4	
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S	signature his Javidson-Ran	dolla						

16411 27

FOR STATE 1

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		0		IVALL	_ ()	DEA		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lost) Roger Elmer Richardson					2. DATE OF DEATH MONTH 14, 1990 YEAR			YEAR	3. TIME OF DEATH 8: 55 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les						7. DATE OF BIRTN	- / / /		PLACE (State or Foreign
	227_28_4006	1 M 2 F	6. AGE (In yrs. let				Jan. 31, 1928 Country)		()			
	Se. FACILITY NAME (If not institution, give at	reet end number)	•		9b. CITY	, TOWN	OR LOCATIO	ON OF D	EATN	9c. COU	NTY OF DE	EATH
8	2142 Thomas Run	Road				Bel	Air			На	rfor	d County
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			40. 017	or Tourne							AND MAIN AND
DIRECTOR	Maryland Harford County				Bel Air			<u>.</u>	10d. INSIDE CITY LIMITS? 1 YES 2 1		LIMITS?  1 YES 2 NO	
ĭAL	10s. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF WHAT COU			
買	2142 Thomas Run							101			U.S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		RMED NO		If yes, sp	ENDENT C ecity Cube 2 NO	m, Mexica	NIC ORIGIN? (Specify Yea an, Puarto Ricen, atc.) fy:	or No		- American Indien, , White, atc. fy: nite
	15. DECEDENT'S EDUC		16a. Di	CEDENT'S	USUAL O	CCUPATI	DN		16b. KIND OF BU	SINESS/IN	DUSTRY	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	F)	live kind of a. Do NOT u			est of world	ng	4.3			
COMPLETED	3			Carpe	enter				Const	ruct	ion	
S	17. FATHER'S NAME (First, Middle, Last)						15. MOT	HER'S NA	AME (First, Middle, Melden	Surname)		
BE C	Roby John			ichai	rdson	1	A	udi	e Mae I	Gller	c	
	19a. INFORMANT'S NAME (Type/Print) WI	Ie 838-6							Route Number, City or Tow			
5	Mrs. Peggy L. Ric	hardson	, ;	2142	Thom	as 1	Run F	ld.,	Bel Air, N	[ary]	land :	21014
	20a. METHOD OF DISPOSITION 20b. PLAN			PLACE OF DISPOSITION (Name of cemetery, cremstory or						-	wn, State ryland 21047	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE JOSEP	h W. Fo	ster	22.	NAME A	ND ADORE	SS OF F	CILITY FOSTER	Fune	erall	lome
	> Comparive	me froto	5						dway & Will yland 2101		s Str	eet
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  SMAL CEL LING CAVCER 3 MON  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
HT	resulting in death) LAST	d										
	PART ii Other significent condition	e contributing to	death but not	meuiting	in the u	nderbile	C CALLED	chuan is	Part I. 24e. WAS A	AIITORE	v T 245	WERE AUTOPSY FINDINGS
MEDICAL	PART ii. Other significent conditions contributing to death but not resulting in the undaritying of						givani	PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ä												
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATN (C	heck only one)			
YSI	1 TYES 2 KNO	1 Inpatient 2			4 🗆 Nu	raing Ho		esidence	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 1 Natural Investigation	26s. DATE Of (Month, i	F INJURY Day, Year)	25b. Til	ME OF IJURY M	W	JURY AT ORK? YES 2 [	□ NO	28d. DESCRIBE NOW	INJURY O	CCURED	
	2 Accident investigation 3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory building, stc. (Specify)					ctory, offi	ce		251. LOCATION (Street City or Town, State	and Numb	er or Rural I	Route Number,
COMPLETED	(Orlock Orly)	Beneve and the control						-	e to the cause(e) end me e time, date end place, e			e) and manner as stated.
	29L SIGNATURE AND THEE OF CENTIFIE	n /	1	/	1		29c, LIC	ENSE NU	JMBER	29d. D/	ATE SIGNED	(Month, Day, Year)
핆(	H 7	um	/	0	M	Y	1	13.	773	Ma	y 15	. 1990
2	Joan P. Edwards.					T.	11et	on.	Maryland 2			, -,,-
	31. DATE FILED (Month, Dev. Year)	32 REGISTR	AR'S SIGNATURE				*TT26	0119	rary rand	2104/		
	MAY 15'	yu	Julia Dav	Idson-	ganda	200						

withed for use as the burial-transit permit. Pages 1, 2, 3 should Inspital or attending physician.

BALTIMOR

ND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Acuts after death. Page 6 mg. TO THE PUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral death with into State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

DHMH-15 Rev 1/89

4 7 ,7

w: 0 i

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Midden, Last)  MARY LOUISE  8. SEX  4. SOCIAL SECURITY NUMBER  2.14-34-6576  1. W 2 W 7  73 VRS.  8. AGE (IP YS. 1884 birthology)  9. COLLY, TOWN OR LOCATION  9. COLLY, TOWN OR LOCATION  9. COLLY TOWN OR LOCATI	AM M Foreign  TY X NO 7
MARY LOUISE RILEY MAY 8, 1990 2;05  4. SOCIAL SECURITY NUMBER  5. SEX 1	TY NO ?
214-34-6576  1	TY NO ?
98. FACILITY NAME (If not institution, give steel and number) 98. FACILITY NAME (If not institution, give steel and number) 98. CTY, TOWN OR LOCATION OF DEATH PHYSICIANS MEMORIAL HOSPITAL 198. STATE	NO 7
PHYSICIANS MEMORIAL HOSPITAL LA PLATA  CHARLES  **RESIDENCE OF DECEDENT***  108. COUNTY	NO 7
106. COUNTY   106. COUNTY   106. COUNTY   106. CITY, TOWN OR LOCATION   106. INSIDE CI LIMITST   1   YES 2   106. STREET AND NUMBER   107. STREET AND NUMBER   107. STREET AND NUMBER   107. STREET AND NUMBER   108. STREET AND NUMBER   109. CITIZEN OF WHAT COUNTRY   109. CITIZEN	NO 7
106. COUNTY   106. CITY, TOWN OR LOCATION   107. INSIDED   107. INSIDED   108. THERET AND NUMBER   108. TOP CODE   109. CITIZEN OF WHAT COUNTY   1   VES 2   109. CITIZEN OF WHAT COUNTY   1   VES 2   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   109. CITIZEN OF WHAT COUNTY   119. MAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No. If yee, specify Cuben, Massican, Puerto Rican, etc.)   14. RACE - American in the stack of the Yes, City or No. Massican, Puerto Rican, etc.)   10. CVES 2 (A NO Specify: A NO. Specify: A No. Speci	NO 7
MARYLAND CHARLES  WELCOME  101. ZIP CODE 102. COTIZEN OF WHAT COUNTRY BOX 1256  11. MARITAL STATUS 11. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT (Specify Yee or No— 14. RACE—American in if yes, give wan or dotted by the particular of the p	NO 7
100. STREET AND NUMBER   101. ZIP CODE   109. CITIZEN OF WHAT COUNTRY	? ndlen,
BOX 1256  II. MARITAL STATUS II. Never Merried 2   Married   12. WAS DECECENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO IF YES 2   NO IF YES, GIVE WAR OR DATES  II. Never Merried 2   Married   12. WAS DECECENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO IF YES, GIVE WAR OR DATES  II. Never Merried 2   Married   YES, GIVE WAR OR DATES  II. DECEDENT'S EDUCATION   If yes a specify Cuban, Marican, Puerto Rican, etc.)   If Yes 2   NO Specify: Specify to the pinking grade completed)  III. DECEDENT'S DUAL COUNTRION   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, Puerto Rican, etc.)   If yes a specify cuban, Marican, etc.   If yes a specify cuban, Marican, etc.   If yes a specify cuban, Marican, etc.   If yes a specify cuban, Marican, etc.   If yes a specify cuban, Marican, etc.   If yes a specify cuban, marican, etc.   If yes a specify cuban, marican, etc.   If yes a specify cuban, marican, etc.   If yes a specify cuban, marican, etc.   If yes a specify cuban, marican, etc.   If yes a specify cuban, etc.   If yes a specify cuban, marican, etc.   If yes a specify cuban, etc.   If yes a specify cuban, etc.   If yes a	ndlan,
11. MARITAL STATUS   Never Married   12. WAS DECEOENT EVER IN U.S. ARMED PORCES? 1   YES 2   NO   If YES, GIVE WAR OR DATES   1   YES 2   NO   If YES, GIVE WAR OR DATES   1   YES 2   NO   If YES, GIVE WAR OR DATES   1   YES 2   NO   If YES, GIVE WAR OR DATES   1   YES 2   NO   If YES, GIVE WAR OR DATES   1   YES 2   XES, White, etc.   Specify: December of Hispanic Originary (Specify Yes or No—   14. RACE — American In If YES 2   XES, White, etc.   Specify: DATE   1   YES, GIVE WAR OR DATES   1   YES, GUID WAR WAR OR DATES   1   YES, GUID WAR WAR OR DATES   1   YES, GUID WAR WAR OR DATES   1   YES, GUID WAR WAR WAR WAR WAR WAR WAR WAR WAR WAR	
Never Married   Married   PORCES?   PORCES.	
Comparison   Comparison   Comparison   College   Colle	
Biomentary/Secondary (0-12)   NONE   HOUSEWIFE   PRIVATE	
16. MOTHER'S NAME (First, Middle, Last)  JOSEPH EDWARD QUEEN  9a. INFORMANT'S NAME (TyperPrint)  SHIRLEY E. COOPER  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  BOX 1254 A WELCOME, MARYLAND 20693  19a. METHOD OF DISPOSITION  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  BOX 1254 A WELCOME, MARYLAND 20693  19a. METHOD OF DISPOSITION  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  BOX 1254 A WELCOME, MARYLAND 20693  19b. MARYLA	
CORA EDITH DIGGS  99. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  SHIRLEY E. COOPER  190. METHOD OF DISPOSITION  190. METHOD OF DISPOSITION  190. METHOD OF DISPOSITION (Name of cometer), crematory or other place)  190. DONATO S OTHER (Specify)  190. DANAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MARYLAND  200. DLACE OF DISPOSITION (Name of cometer), crematory or other place)  210. DONATO S OTHER TERY  22. NAME AND ADDRESS OF FACILITY  110. SIGNATURE OF FUNERAL SERVICE LICENSEE  121. NAME AND ADDRESS OF FACILITY  122. NAME AND ADDRESS OF FACILITY  123. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arreat, abock, or has of facility. List only one cause on each line.  123. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval Onest a diseases or conditions, about 100 ones and 100 onest a diseases or conditions.  124. DUE TO (OR AS A CONSEQUENCE OF):  125. DUE TO (OR AS A CONSEQUENCE OF):	
SHIRLEY E. COOPER  BOX 1254 A WELCOME, MARYLAND 20693  109. METHOD OF DISPOSITION 109. METHOD OF TOWN, State METHOD OF TOWN, State 109. METHOD OF DISPOSITION 109. METHOD OF DISPOSITION 109. METHOD OF TOWN, State 109. METHOD OF DISPOSITION 109. METHOD OF TOWN, State 109. METHOD OF DISPOSITION 109. METHOD OF TOWN, State 109. METHOD OF DISPOSITION 109. METHOD OF TOWN, State 109. METHOD OF TOWN, STATE 109. METHOD OF TOWN, STATE 109. METHOD OF TOWN, STATE 109. METHOD OF TOWN, STATE 109. METHOD OF TOWN, STATE 109. METHOD OF TOWN, STATE 109. METHOD OF TOWN, STATE 109. METHOD OF TOWN, STAT	
SHIRLEY E. COOPER  BOX 1254 A WELCOME, MARYLAND 20693  **Ge. METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)  Solution   5   Other (Specify)   210. DONATON   210. DONATON   220. LOCATION - City or Town, State of the place)  ZION BAPTIST CHURCH CEMETERY   HILLTOP, MARYLAND    **THORNTON   5   FUNERAL HOME, POMONKEY, MA  **THORNTON   5   FUNERAL HOME, POMONKEY, MA  **THORNTON   5   FUNERAL HOME, POMONKEY, MA  **THORNTON   5   FUNERAL HOME, POMONKEY, MA  **THORNTON   5   FUNERAL HOME, POMONKEY, MA  **THORNTON   5   FUNERAL HOME, POMONKEY, MA  **THORNTON   6   FUNERAL HOME, POMONKEY, MA  **THORNTON   6   FUNERAL HOME, POMONKEY, MA  **THORNTON   6   FUNERAL HOME, POMONKEY, MA  **THORNTON   6   FUNERAL HOME, POMONKEY, MA  **THORNTON   6   FUNERAL HOME, POMONKEY, MA  **THORNTON   6   FUNERAL HOME, POMONKEY, MA  **THORNTON   7   FUNERAL HOME, POMONKEY, MA  **THORNTON   7   FUNERAL HOME, POMONKEY, MA  **THORNTON   7   FUNERAL HOME, POMONKEY, MA  **THORNTON   8   FUNERAL HOME, POMONKEY, MA  **THORNTON   8   FUNERAL HOME, POMONKEY, MA  **THORNTON   8   FUNERAL HOME, POMONKEY, MA  **THORNTON   8   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON   9   FUNERAL HOME, POMONKEY, MA  **THORNTON	
20b. PLACE OF DISPOSITION   Burle  2   Cremation 3   Removal from State   20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)   210N BAPTIST CHURCH CEMETERY   HILLTOP, MARYLAND	
Buriel 2   Cremation 3   Removal from State   ZION BAPTIST CHURCH CEMETERY   HILLTOP, MARYLAND	
22. NAME AND ADDRESS OF FACILITY  THORNTON'S FUNERAL HOME, POMONKEY, MA  23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or has at failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE 70 (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
THORNTON'S FUNERAL HOME, POMONKEY, MA  23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or hard fallurs. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellurs. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  One of a consequence of:  Due to (or as a consequence of):  Due to (or as a consequence of):	RYLAN
CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in desth) LAST	
d.  PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY	Y FINDINGS
PERFORMED?  1	OF CAUSE
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
EXAMINER?	
27. MANNER OF DEATH  28a. OATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 VES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 VES 2 NO	
2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	
9a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as	·
96. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Ye	ne stated.
Lynais T. James, Mr. D02548 > 05-08	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Typo, Print)	ear)
IGNACIO GARCIA M.D. BOX K LA PLATA, MARYLAND 20646  31. DATE FILEO (MONTH, Day, Yang)  1. DATE FILEO (MONTH, Day, Yang)	ear)

2	3	_	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
9	ctor.		E .
90	Sire		-
2	18		ne
E S	ner		E
de	e fu	-	ex:
the	#	200	70
50	5	ren	ě
8	P	ŏ	Ĕ
47	E E	OU.	Pe
Ë	5	Jati	-
É	plet	ren	en l
b	E	9	Š
5	0	nua	2
exe	al	0	ma.
90	lan	00.0	36
916	ysic	Ď	=
ific	듄	aue	ĕ
Cert	Ē	ğ	5
5	Je J	I	0
dea	E .	BITTE	5
He.	#	Σ	를
Ħ	à	and	7
S	De	E	9
aire	Sign	Hea	3
ba	le e	ō	8
*	9	g	63
9	Tage Sept	å	2
E	ate	tate	Te.
AN	tific	S	-
300	Cert	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	. 0
¥	his	With	ed
0.	AL CA	th v	The .
N.	Afte	dea	E
EN	ä	Je.	
E	B	aft	28
B	IRE	SID	E
07	0	100	=
K	RA	72	=
38	NE	量	Ξ
Ŧ	3	×	F
置	THE	filed	0
2	2	20	E
		_	

	10-1-90 cm								
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME RTIFICA			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1990		3. TIME OF DEATH
	Wilmer Merritt	Reed						980	5:40 P.M.
- 27	4. SOCIAL SECURITY NUMBER	5. SEXMale 6. AGE (In yrs. lest	birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIT	1/		PLACE (State or Foreign
- 8	218 16 6762	1 ₩ 2 □ F 68	YRS. MONTH	S DAYS	HOURS MIN.	April 27	1922	Countr	ryland
	9a. FACILITY NAME (If not institution, give st		05.0	TTV TOWN!	OR LOCATION OF DE			NTY OF D	7
œ						ain.			EAIR
0	The Kent and Ouee	<u>n Anne's Hospita</u>	l Inc.	unest	ertown		Ken	t	
EC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	TION				10d. INSIDE CITY
DIRECTOR	Maryland Queer	n Anne	RFD	Chest	ertown				LIMITS?
	10e. STREET AND NUMBER			101	, ZIP CODE		10e: CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	ATT BASE OF SAME				21620			USA	
빌	P.O. Box # 114	40 1140 0000000000000000000000000000000							
교	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 XES 2 N				NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	s or No—	Black	E — American Indian, c, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES Yes WW 2		1 TYES	2 XXVO Specify	no no		Speci	White
	15, DECEDENT'S EDUC		CEDENT'S USUA	OCCUBATION	DAI	16b. KIND OF BU	CINECO /INI		
2	(Specify only highest grade	completed) (Gi	ve kind of work do Do NOT use retire	one during mo	ast of working	IOD. KIND OF BO	31141.33/1141	DOSINI	And
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			uilder)	Home	Buil	ding	Improvemen
MF	17. FATHER'S NAME (First, Middle, Last)		arpente	1 (D	,	ME (First, Middle, Maiden	0		
8		ANK REED			The second second		Surname)		
H						A TEAT			
TO BE COMPLETED	19a. INFORMANT'S NAME (Type/Print) Elsie Reed Kinsey	(Sister)	RFD # 1	- 111		Route Number, City or Tow			
P.	·					Duck Neck			
	20a. METHOD OF DISPOSITION B1 1 ★ Burial 2 □ Cremation 3 □ Remi	oval from State 20b. PLACE	ICO)		metery, crematory or		CATION -		
	4 Donation 5 Other (Specify)	Cnest	er Ceme			·	nest	erto	wn, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_	22. NAME A	ND ADDRESS OF FA	P.	О. В	ox #	264
		Pin (1)00	013	J. Wi	llis Wel	1s Chest	erto	wn,	Md. 21620
	23. PART I. linter the diseases, or o	complications that caused the de	eth. Do not er	nter the mo	de of dving, suc				Approximeta
	thock, or heert fellure.	Liet only one ceuse on each line							Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine)	017	0. 0	1	1/ 1	2,			Oriset and Death
	disease of condition resulting in death)	e. Colleges courses	Ceret	-	Hear	Grea	se		
		OUE TO (OH AS A CONSEC	DUENCE OF):						
S	Sequentially liet conditions,	b. OUE TO (OR AS A CONSEC	NENOE OD.						
Ĕ	if sny, leeding to immediate cause. Enter UNDERLYING	OUE TO (OH AS A CONSEC	DUENCE OF):						
5	CAUSE (Diseese or injury	c. OUE TO (OR AS A CONSEC	DUENCE OF						-
	thet initiated events resulting in deeth) LAST	OUE 10 (OH AS A CONSEC	ZUENCE OF):						İ
CERTIFICATION		d							
	PART II. Other significent condition	ne contributing to death but not r	esulting in the	underlyin	g ceuee given in			24b	. WERE AUTOPSY FINDINGS
5	Dold MIZ 2	Coman ai	Tem 1	20-6	lass.		RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	0///	· Ca of ine	100	1 6		1 🗆 YES	2 [] NO		OF DEATH?
Σ	3 Hyperkeria	0 0 40	curic	_ 0	101			- 1	1 YES 2 NO
Z	4) curine Re	nel failure o	y He	mod	relyses				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: , /	ОТІ	26. P HER:	LACE OF DEATH (C	heck only one)			
PHYSICIAN: MEDICAL	1 TYES 2 NO	1 Inpetiant 2 FR/Outpatient 3		_		8 Other (Specify)			
표	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	W	JURY AT DRK?	26d. DESCRIBE HOW	INJURY O	CCUREO	
BY	2 Accident Investigation				YES 2 NO				
ED I	3 Suicide 6 Could not be	26a. PLACE OF INJURY — At he building, etc. (Specify)	eme, farm, street,	factory, offic	De .	28f. LOCATION (Street City or Town, State		er or Rural	Route Number,
1	4 Homicide detarmined							_	
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the beat of my knowledge, de	eth occurred at 1	the time, det	and place, and due	a to the cause(a) and ma	inner aa at	ated.	
COMPLET	one)	ER: On the basis of examination and/or							a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B			29c, LICENSE NU	MBER	29d 04	TE SIGNE	O (Month, Day, Year)
BE	1/1/1/1/1/	u up			0213		<b>D</b>	7/2	190
2	30. NAME AND ADDRESS OF PERSON WH		M 27) (Type, Print)		1 0		1 . 9	101	

31. OATE FILEO (MONTA POR YOUT)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'90

216

32. REGISTRAN'S SIGNATURE
Juna Daydson

21620

St, Chestertown, nd.

CTOR
UNERAL DIRE
MPLETED BY F
TO BE CC
MION

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) RALPH	PATRICK	Sulli	ran		2. DATE OF DE		3. TIME OF DEATH 7260M	
	221-20-0331	1 M 2 🗆 F	48 YRS. MONT		HOURS MIN.	7. DATE OF BIR (Month, Day, )	142 D	BIRTHPLACE (State or Foreign Country) OVER, Delaware	
TOR	90. FACILITY NAME (If not institution, give atra  LLIGING ML MOHI  RESIDENCE OF DECEDENT	al Hospita	1 %	IVEL	dale	тн	Prin		
DIRECTOR	100. STATE 10b. COUNTY Phys.	ce Georg	els bre	- 1	elt			10d. INSIDE CITY LIMITS? 1 A YES 2 ND	
FUNERAL	7018 Hanove	L Park L	vay		20770		U.S.A		
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 V YES IF YES, GIVE WAR DR DA	2 NO		cify Cuban, Mexicen,		N? (Specify Yes or No— Rican, etc.)  14. RACE — American Indian, Black, Whita, etc.  Specify:		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade 4	ATION completed)  College (1-4 or 5+) Years	16a. DECEDENT'S USUA (Give kind of work of ite. Do NOT use reti Auto Mech	tone during mo red.)	N st of working		of Business/Indus	ice Center	
	17. FATHER'S NAME (First, Middle, Lest) Lawrence Patrick	Sullivan			18. MOTHER'S NAM Helen Be		Maiden Sumame)		
TO BE	190. INFORMANT'S NAME (Type/Print) Debra Sullivan (W	ife)	196. MAILING ADD 7018 Hat	ness (Street e	nd Number or Rural Re Parkway,	Greenb	or Town, State, Zip Co elt, Mary	1and 20770	
	20e, METHOD OF DISPOSITION 1 \( \overline{D}\) Buriel 2 \( \overline{D}\) Cremation 3 \( \overline{D}\) Remo 4 \( \overline{D}\) Donation 5 \( \overline{D}\) Other (Specify)	val from State Co	edate Hill (	Cemete	ry		Suitland,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ina A-	logs	Franc		s Sons		Home, P.A. le, Md. 20781	
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiec or respiratory arrest abook, pr heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  A CAUDIAL IN FRANCE OF:  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.						24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO OF DEATH?  1 YES 2 NO OF DEATH?		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Che	ck only one)			
IYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 X ER/Out	patient 3 DOA 4 D		ne 5 🗆 Residence		elly) E HOW INJURY OCCU	DED.	
Y PH	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	W	PRK? YES 2 ND	260. DESCRIBE	E NOW INJUNT OCCU	NED .	
2 Accident Investigation 28e, PLACE DF INJURY — At home, farm, street, factory, office 28f.						281. LOCATION City or Tow	(Street and Number or n, State)	Rural Route Number,	
COMPLETED	(Check only	CIAN: To the best of my known: R: On the basis of axemination						cause(e) end manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	40 Depu	ty Medi	cal	29c. LICENSE NUM	IBER	29d. DATE :	SIGNEO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	" pu	prysch	apel	Road	281	
	31. DATE FILED (Morth, Day, Year) MAY 0 2 90	32. REGISTRAR'S SIGN		777	1330111		143		

Spit	hed	
9	etac	nce
y th	be d	ato
Pa	Pin	pe
etair	Sho	E I
2	De 5	-
nay.	Da.	9
9	ecto	E
Page	di	Jer.
ath.	nera	i i
de	e fe	ex
afte	th th	ical
SES	in S	ned
	fillec	atic event, the medical examiner must
hil	tely	t, 1
Wit	Tiple	ven
urted	00	ic e
999	and of	mat
2	iciar	ran
ficate	phys	Je.
certif	Jing	otto
the	tal H	0 '
e de	Men a	Ē
at th	A Par	y i
th sa	phed	8 3
quir	n Sig	MO
W re	pee pee	3 sh
le la	has	n 2
1	Cate	ite
CIA	ertiff the	0
HYS	nis c	ed,
1G P	ter th	nari
NON	E. Aff	ls n
E	2015	28
A HO	JIRE(	E
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jrs after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by study of the companion or removal	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	Ë
E HO	5	RIA
H	H	PO
	0 9	2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, MAY 0 7

790

TO BE COMPLETED BY FUNERAL DIRECTOR

				10 1977.
STATE OF MAR	YLAND / DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENE	
1 - STATE REGISTRAR	CERTIFICATE		REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
Elton Smith	)	6	5 4 9	10:50 AM
1.7	GE (In yrs. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
215-26-4981 1XM20F	7 9 YRS. MONTHS	DATS HOURS MIN.	11111911	Virginia
9a. FACILITY NAME (If not institution, give street and number)	9b. CITY,	TOWN OR LOCATION OF DE	ATH 9c. COUNT	Y OF DEATH
Harrison House o	& Snow Hill	Snow H	ill, ma   Wo	rester
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY, TOWN OF	LOCATION		10d. INSIDE CITY
maryland worcestar	5 Snou	11:4 c	md	1 YES 2 NO
100. STREET AND NUMBER		101. ZIP CORF	63 10g. CITIZE	N OF WHAT COUNTRY?
430 W. Market	54.	Sale	THE U	SA
11. MARITAL STATUS  12. WAS DECEDENT EV.  1 Newer Married 2 Married FORCES? 1 1	ER IN U.S. ARMEO 13. W		IIC ORIGIN? (Specify Yea or No.—	4. RACE — American Indian, Black, White, etc.
1 Never Merried 2 Merried IF YES, GIVE WAR O		yes, specify Cuban, Maxico  YES 2 NO Specify		Specify:
				mhite
15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OC (Give kind of work done de life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUSINESS/INOU	STRY
Elementary/Secondary (0-12) College (1-4 or 5+)	1 1	rev	Chicke	20
17. FATHER'S NAME (First, Middle, Lest)	- Look		ME (First, Middle, Maiden Surname)	
James Edward Smith			rginia Dixon	
19a. INFORMANT'S NAME (Type/Print)	19h MAII ING ADDRESS		Route Number, City or Town, State, Zip C	Paris I
Elsie M. Smith	The second secon		tree. Maryland	21829
20e, METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Nam	ne of cemetery cremetory or	20c. LOCATION — CI	
1 Durial 2X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Salisbury Cr	ematory		ry, Maryland
21. SIGNATURE OF FUNELAL SERVICE LICENSEE		AME AND AODRESS OF FA		
16/1	`			
William & KK Sugar	/   1	() Branklin	ST SMART HILL	M4 21863
STATES THE STATES AND ASSESSED ASSESSED.			St., Snow Hill	
23. PART I. Enter the diseases, or complications that can shock, or heart fellure. List only one cause of	used the deeth. Do not enter t			
ahock, or heert feiture. List only one cause of	used the deeth. Do not enter to on each line.			st, Approximate
ahock, or heert felture. List only one cause of the think the cause of the think the cause of th	used the deeth. Do not enter to on each line.			Approximate Interval Between
ahock, or heert felture. List only one cause of the think	used the deeth. Do not enter to on each line.			Approximate Interval Between
ahock, or heert fellure. List only one cause of the things	on each line.  OWIA  AS A CONSEQUENCE OF):			Approximate Interval Between
ahock, or heert felture. List only one cause of the things	used the deeth. Do not enter to on each line.			Approximate Interval Between
ahock, or heert fellure. List only one cause of the control of the control of the cause of the control of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury	as a consequence of:			Approximate Interval Between
ahock, or heert fellure. List only one cause of this cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	on each line.  OWIA  AS A CONSEQUENCE OF):			Approximate Interval Between
ahock, or heert fellure. List only one cause of the control of the cause of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	the mode of dying, auc	h ae cerdiec or reepiratory arre	Approximate Interval Between
ahock, or heert fellure. List only one cause of the third of third	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	the mode of dying, auc	h ae cerdiec or reepiratory arres	Approximate Interval Between Onset and Death    W2   7
ahock, or heert fellure. List only one cause of the control of the cause of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	the mode of dying, auc	h ae cerdiec or reepiratory arre	Approximate Interval Between Onset and Death I W/2  7  24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
ahock, or heert fellure. List only one cause of the control of the cause of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other aignificent conditions contributing to death	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	the mode of dying, auc	Part I. 24a. WAS AN AUTOPSY PERFORMED?	et, Approximate Interval Between Onset and Death
ahock, or heert fellure. List only one cause of the third of the third of the third of the third of the third of the third of the third of the third of the third of the third of the third of t	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	the mode of dying, auc	Part I. 24a. WAS AN AUTOPSY PERFORMED?	Approximate Interval Between Onset and Death  7  24b. WERE AUTOPSY PINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heert fellure. List only one cause of the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significent conditions contributing to death.  CHARME AMEMILIA	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	Approximate Interval Between Onset and Death
ahock, or heert fellure. List only one cause of IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to death.  CVA C CM PLUTE LEVEL LEVEL CAUSE OF CONTRIBUTION CO	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  The but not resulting in the unce the consequence of the c	derlying cause given in	Part I. 24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	Approximate Interval Between Onset and Death  7  24b. WERE AUTOPSY PINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heert fellure. List only one cause of HMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to death CVAC CMMPL LEVEL LE	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in  26. PLACE OF DEATH (Ch.	Part I. 24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	Approximate Interval Between Onset and Death I
ahock, or heert fellure. List only one cause of the control of the cause of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other aignificent conditions contributing to death  CVA C CM PLUTE LEVEL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO NO  27. MANNER OF DEATH  1 Netural 5 Pending	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in  26. PLACE OF DEATH (Ch.	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  eck only one)	Approximate Interval Between Onset and Death  7  24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ahock, or heert fellure. List only one cause of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time o	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  The property of the uncompared of the uncompar	derlying cause given in  26. PLACE OF DEATH (Ch. ing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2  NO	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  eck only one)	Approximate Interval Between Onset and Death I
ahock, or heert fellure. List only one cause of the MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to death CVAC CMAINERY  1 YES 2 K NO  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 K NO  1 Inpatient 2 ER  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 2 See, PLACE OF INJ.	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  The property of the uncompared of the uncompar	derlying cause given in  26. PLACE OF DEATH (Ch. ing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2  NO	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCU	Approximate Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Interval Between Interval Between Interval Between Interval
ahock, or heert fellure. List only one cause of the management of the cause of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to death of the cause	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in  26. PLACE OF DEATH (Ch.: ing Home 5 — Residence 28c. INJURY AT WORK? 1 — YES 2 — NO	Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  eck only one)  6 Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCL  28f. LOCATION (Street and Number of City or Town, State)	Approximate Interval Between Onset and Death
ahock, or heert fellure. List only one cause of the course of the course of the course of the course of the course of the course of the course of the course. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to death of the course of	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in  26. PLACE OF DEATH (Ch.: ing Home 5   Residence 26c. INJURY AT WORK? 1   YES 2   NO	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  sck only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCL  28f. LOCATION (Street and Number of City or Town, State)	Approximate Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Interval Betwee
ahock, or heert fellure. List only one cause of the minimum of the cause of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to death of the cause of the	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in  26. PLACE OF DEATH (Ch.: ing Home 5   Residence 26c. INJURY AT WORK? 1   YES 2   NO	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCL  28f. LOCATION (Street and Number of City or Rown, State)  to the cause(e) and manner as stated time, date and place, and due to the	Approximate Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Interval Betwee
ahock, or heert fellure. List only one cause of the cause of the cause of the cause of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to death cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 H NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation   28e. DATE OF INJU (Month, Day, 16 pending)   29e. PLACE OF INJU (Month, Day, 16 pending)   29e. PLACE OF INJU (Month, Day, 16 pending)   29e. PLACE OF INJU (Month, Day, 16 pending)   29e. PLACE OF INJU (Check only)   2 medical EXAMINER: On the best of my to one)   2 medical EXAMINER: On the best of my to one)   2 medical EXAMINER: On the best of examination   29e. SIGNATURE MADELLE OF CHIFFIER	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in  26. PLACE OF DEATH (Ch.  ing Home 5 Gesidence 28c. INJURY AT WORK?  1 YES 2 NO  ry, office  me, date and place, and due binion, death occured at the	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCL  28f. LOCATION (Street and Number of City or Rown, State)  to the cause(e) and manner as stated time, date and place, and due to the	Approximate Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Properties of Completion of Cause OF Death?  1 YES 2 NO
ahock, or heert fellure. List only one cause of immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions contributing to death cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 K NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my to one) 2 MEDICAL EXAMINER: On the best of my to one)	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	derlying cause given in  26. PLACE OF DEATH (Ch.  ing Home 5 Gesidence 28c. INJURY AT WORK?  1 YES 2 NO  ry, office  me, date and place, and due binion, death occured at the	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCL  28f. LOCATION (Street and Number of City or Rown, State)  to the cause(e) and manner as stated time, date and place, and due to the	Approximate Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Properties of Completion of Cause OF Death?  1 YES 2 NO

-Randall

21863

nun

SWENDIL

re x

X.

State of the

g = -g g g g

200

detached for use as the bunial-transit

BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the	e de	rt 01
2	무	90 3
taine	shor	ALI I
96	6 5	9 10
lay t	pag	t be
6 77	ctor,	SILL
age	dire	er i
6	neral	Ē
dea	e fu	еха
afte	by th	cal
Durs	I in I	ned
24 h	filled on, o	he
hi	r ati	it, t
d wit	, cre	even
cute	d co	tic
88	n an	E
e pe	sicia	E
ificat	Pho and	her
Cert	ding tygie	10
eath	atten ntal I	y, 0
he d	Mer	를
hat t	and	1
es t	gned	20
adul	en Si	how
W. Ce	bed s	8
he is	e has	E 2
N.	Stat	170
SICLA	certi	0,
PHY	this	rked
NG.	ther	E
END	R: A	8
ATT	ECTO S aft	7 28
R	DIR	Item
E	Z E	=
OSP	UNE	AMI
부	世界	THE
E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC
-		_

											90	1450	10
FOR STATE REGISTRAR		STATE OF N	//ARYLA			NT OF H			MENTAL HYG				, ,
1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE OF DEAT	н		3. TIME OF DEATH	
Edna Marie Smith									5 5 1990			5:30	A
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last									7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country)				gn
578-40-0407 10 x 1 8			80	YRS.	10	HS DAYS	6-13-			909 U.S.A.			
Sa. FACILITY NAME (If not institution, give street and number)						CITY, TOWN C	OR LOCATI	ON OF O	ATH 9c. COUNTY OF DEATH			DEATH	
Villa Rosa Nursing Home						tche	llv:	ille	е	Prince George			
						WN OR LOCAT		10d. INSIDE CITY LIMITS?					
MD Prince George's Bowie											1X YES 2 N	0	
10. STREET AND NUMBER						101. ZIP CODE				10g. C	10g. CITIZEN OF WHAT COUNTRY?		
4011 Croydon Lane						20715				United States			
11. MARITAL STATUS  1 Never Married 2 Married  2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES NO						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- if yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 N NO Specify: NO					14. RACE — American Indian, Black, White, atc. Specify: White		
15. OECEDENT'S EDUCATION 16a. OECEDENT'S (Give kind of						L OCCUPATIO	ON works	na	16b. KIND O	ND OF BUSINESS/INDUSTRY			
Elementary/Secondary (0-12) College (1-4 or 5+)						se retired.)							
2 Secre						У			U.S.	U.S. Government			
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)										)			
Gustav Yoc		Mary Haid											
19a. INFORMANT'S NAME (	"			19b. MAILI	ING ADDR	RESS (Street a	and Number	r or Rural	Route Number, City of	r Town, State, 2	Zip Code)		
Harris Latimer Smith 460 S						and Piper Way Chula Vist					920	10	
1 💢 Burial 2 □ Cremation 3 □ Removal from State other				other place)	ACE OF DISPOSITION (Name of cemetery, crematory or er place) Surrection Cemeterv					20c. LOCATION — City or Town, Stata			
4 Donetion 5 Other (Specify) Resurrec						22. NAME A	1		Clinton Maryland				
Beall-Evans Funeral Home, P.A.													
rover		· Wan	s.	ne	2.	1600	0 An	napo	lis Road	Bowie	e Mar	vland 207	115
23. PART i. Enter the d shock, or h	iseases, or deart failure.	complications the	et caused use on ea	the deeth. Do	o not er	nter the mo	de of dy	ring, aud	ch as cerdiec or	reapiratory i	erreat,	Approximat Interval Bet	ween
IMMEDIATE CAUSE (Final disease or condition											Onset and	Death	
resulting in death)		DUE TO	(OR AS A	COMMEQUENCE	E OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
CAUSE (Disease or injuthet initiated events reaulting in death) LAS		DUE TO	(OR AS A	CONSEQUENCE	E OF):								

conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES & 5 Residence 6 Other (Specify)

28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH Natural

Natural

Accident

Sulcide 5 Pending Investigation

Could not be

28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

MEDICAL EXAM NER: On the basis of examination and/or investigation, in my opinion, death 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1709. Print)

What D. Culdura: MD 9500

32. REGISTRAR'S SIGNATURE 08 '90

D}226

DHMH-16 Rev 1/89